



Children's Health Queensland
Hospital and Health Service
School Based Youth Health Nurse
Service (SBYHN)

(AFFIX PATIENT IDENTIFICATION LABEL HERE)

Young Person Referral

School name:

Date of referral:

Referring agent's name:

Student is aware of the referral and consents to an appointment? Yes No

Note: Students need to provide verbal consent for a SBYHN service

Student name:

Year level:

Date of birth:

Gender:

Home address:

Student contact phone:

Has the student given consent for the Nurse to email an appointment? Yes No

If yes, student's email address:

Is an interpreter required? Yes No ► If yes, which language?

Identified or suspected concerns? (tick all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> General health and wellbeing | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Alcohol and other drugs | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Nutrition and/or exercise | <input type="checkbox"/> Grief and loss | <input type="checkbox"/> Other: |

Additional information:

Virtual SBYHN Appointments

(Note: Virtual appointments are only available during remote learning related to COVID-19)

Has the Student been advised that if they do not feel their environment is safe or private at the time that they receive a call from the School Based Youth Health Nurse they are not required to take the call; the nurse will try again in five minutes and then send a text with a 1800 number that can be used to request contact on another day:

Yes No ► If no, we cannot proceed with the appointment.

Preferred time of appointment for Nurse to contact student? _____

Student's preferred method: Phone Video

Please note: The School Based Youth Health Service does not provide an immediate response.

If this referral requires an immediate response due to a high risk to self or others, please follow your organisation's emergency response procedures or call **000**.

If a disclosure has been made to you in relation to a child protection issue contact the Guidance Officer or Deputy Principal immediately. It is **MANDATORY** to **IMMEDIATELY** report if you become aware of, or reasonably suspect, abuse.

• Referral to be emailed to the School Based Youth Nurse for the school (ie. nurse.greensfields@health.qld.gov.au)

PLEASE NOTE: ONE REFERRAL PER EMAIL

DO NOT WRITE IN THIS BINDING MARGIN



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