***HENRY Programme Referral Form***

***Please list below children aged******under 5 only. Families should be resident in Haringey***

|  |  |  |
| --- | --- | --- |
| **Child’s Full Name** | **DOB** | **NHS Number (if known)** |
|  |  |  |
|  |  |  |
|  |  |  |

Parent/Carer name: Address:

Phone:

Email:

Signature:

This course requires the parent to actively participate both physically in light exercise and games and verbally contribute to group work. If you feel that the parent may struggle with this please email or call Kim Powell on 02032244359 to discuss **BEFORE** making referral to:

whh-tr.henryreferrals@nhs.net

**Please list below reasons for referral for HENRY course:**

How many children will require crèche facilities?

Under 12 months 12-24months 24months +

Level of health visiting service received (e.g FNP, Universal etc)

Are the family subject to any care plans and/or receiving support from any other services? (e.g children with additional needs, FSW, SW etc) If so please give a brief description below:

Any other comments (e.g any known **allergies** etc):

**Name of Referrer: Job Title:**

**Email Address: Date:**