



<u>Liaison Form from Early Years Providers 0-5 yrs to Solihull Health</u> <u>Visiting Service</u>

For Early Years Setting - This liaison form is for children with a Solihull Address Only- Its
purpose is to ensure communication is documented and that parental consent has been obtained
in order for you to discuss a child with Solihull Health Visiting Service.

Once completed please return to:

South Solihull – <u>southsolihullHVteam@nhs.net</u> North Solihull – <u>chelmsleywood.team@nhs.net</u>

For general liaison- which is **not** child specific please email the Health Visiting Service as above with your questions.

Please visit our website https://healthforunder5s.co.uk/ for lots of helpful information.

For any concerns relating to actual or potential Safeguarding issues please contact Solihull MASH (Multi agency Safeguarding Hub) on 0121 788 4300. Do not delay.

Child's name: Male Female	NHS Number (if known)	Age : Date of birth:
Ethnicity:	Language spoken if not English:	Interpreter need? Y/N
Early Years Provider Details		
Name: Address: Phone Number: Email :		
Date child started at setting:		
Parent/ Guardian name : Relationship to child:		
Home Address: Email address: Telephone Numbers:		

Parental Consent Obtained – date			
Name of referrer who obtained the consent			
GP name and address:			
The reason why you are contacting the Health Visiting Service? Please provide details of any interventions/advice/support already given or ongoing.			
Does the child have any medical conditions/ receiving treatment for consultant? (if known, please give details)	rom GP/ specialist nurse /		
Other professionals/agencies/services involved – Parental comme information that may be beneficial for us to know:	nts - Any further		
Name : Date of referral:			



https://healthforunder5s.co.uk/