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| **Bristol Family Nurse Partnership (FNP) Notification Form****ELIGIBILITY**: ALL 19 years and under first time pregnancies (eligible if previous ended in no live birth or termination) No consent needed for notificationPlease email form to: sirona.fnpadmin@nhs.net For further information or if you would like to discuss the notification, please phone the FNP team 0300 125 6275 |
| Client name: Address: Date of birth:  | Age at LMP: EDD:Mobile no: |
| Notifier:Email/Team email:Mobile no./office: | GP:Other professionals supporting:  |
| **Please include any additional information as this will aid triage of eligible notifications for the FNP service** |
|  | Client | Partner | Further comments |
| Child in care or care leaver |  |  |  |
| Current/past poor mental health |  |  |  |
| Substance/ Alcohol abuse |  |  |  |
| Offending history |  |  |  |
| Current/past domestic abuse in relationship or family |  |  |  |
| Difficulties with literacy/understanding |  |  |  |
| Current/past children and young people’s services involvement |  |  |  |
| Does not live with parents/Poor support network |  |  |  |
| Interpreter required |  |  |  |
| Homeless |  |  |  |
| Other vulnerabilitiesE.g., Child exploitation |  |  |  |