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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 notification  Please email form to: [sirona.fnpadmin@nhs.net](mailto: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 vulnerabilities  E.g., Child exploitation |  |  | |  |