

**GUIDELINES FOR REFERRAL TO LICENSED SCHOOL NURSE
(SCHOOL PUBLIC HEALTH NURSE)**

Date _____

Student Name _____ Grade _____

Teacher/Case Manager _____

Parent/Guardian _____

Work Phone _____ Home Phone _____

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Referral By: _____

Previous Contacts to Parents: _____

Staff Concerns: _____

Attendance _____

High Risk Behaviors _____

Hygiene/Health _____

Abuse/Neglect Issues _____

Nutritional _____

Social-Emotional Issues _____

Developmental _____

Family Factors of Concern _____

Teen Pregnancy _____

Teen Parenting _____

Other _____

Miscellaneous _____

Request for Sensory Exam _____ Hearing / _____ Vision

Full Health History _____

Prior Interventions Attempted _____

Parent Concerns _____

Note through :
Health Service, SAT, Child Study, Miscellaneous