 

**FAMILY NURSE PARTNERSHIP (FNP) AND YOUNG PARENTS PATHWAY (YPP)**

**NOTIFICATION FORM**

Please use this form to notify the Family Nurse Partnership (FNP) team of all **first-time pregnant clients, who were less than 20 years of age at conception and are under 28 weeks gestation.**  You do not need to do more than complete the form and send to the FNP practitioners at [CYP.FNP@suffolk.gov.uk](mailto:CYP.FNP@suffolk.gov.uk)

**Please note**: FNP would ideally like to recruit new clients before 16 weeks gestation.

**Please ensure that date of birth, NHS No. and practice details are provided**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of Birth: |  |
| NHS number: |  |

|  |  |
| --- | --- |
| If the service user requires an interpreter, please specify language | |
|  | |
| [**Accessible Information Standards**](http://nww.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=WwpXZ6F3-ME%3d&tabid=1526&portalid=1&mid=1722) | |
| Does the service user have additional needs related to: | Please specify below as applicable: |
| Vision |  |
| Hearing |  |
| Speech |  |
| Other communication difficulties |  |

|  |  |
| --- | --- |
| Practice Name: |  |
| Practice Address: |  |
| Practice Tel No: |  |
| Parity: |  |
| EDD: |  |
| Telephone contact numbers: |  |
| Partner name and dob : |  |
| Named midwife (if known): |  |
| Named midwife’s contact no: |  |
| Referrer name & contact no: |  |
| Date: |  |
| **Essential**: Additional supporting information i.e. vulnerabilities/safeguarding: |  |