



Martha-Care Communication Referral Form

Child's full Name	<input type="text"/>
Sex	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Undisclosed
DOB	<input type="text"/>
NHS number	<input type="text"/>
Referring hospital	<input type="text"/>
Ward/department	<input type="text"/>
Referrer name and position	<input type="text"/>
Referrer contact details	<input type="text"/>
Name of child's consultant	<input type="text"/>
Is the child's consultant aware of referral?	<input type="radio"/> Yes <input type="radio"/> No
Family/carer contact details	<input type="text"/>
Family/carer first language	<input type="text"/>

Who has initiated the Martha-CARE referral?	<input type="text"/>
Please provide brief reason for referral and outline what steps have been undertaken locally already (Martha's rule/Call for concern).	<div><div></div></div>
Are the family aware of the referral and that they will be contacted by the Martha-CARE team?	<input type="radio"/> Yes <input type="radio"/> No

Please email this completed form to: NTPNMarthaCareTeam@gosh.nhs.uk

The Martha-CARE team will respond to your referral either the same/next working day.

This form is for a communication referral only. Any clinical deterioration should follow normal escalation procedures.