

# NTPN Martha's Rule Pilot Communication Referral Form

Child's full Name	Click or tap here to enter text.
Sex	<input type="checkbox"/> M <input type="checkbox"/> F
DOB	Click or tap here to enter text.
NHS number	Click or tap here to enter text.
Referring hospital	Click or tap here to enter text.
Ward/department	Click or tap here to enter text.
Referrer name and position	Click or tap here to enter text.
Referrer contact details	Click or tap here to enter text.
Name of child's consultant	Click or tap here to enter text.
Is the child's consultant aware of referral?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family/carer contact details	Click or tap here to enter text.
Family/carer first language	Click or tap here to enter text.

Who has initiated the NTPN Martha's rule pilot referral?	Click or tap here to enter text.
Please provide brief reason for referral and outline what steps have been undertaken locally already (Martha's rule/Call for concern).	Click or tap here to enter text.
Are the family aware of the referral and that they will be contacted by the NTPN Martha's rule pilot team?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please email this completed form to: [NTPNMarthaCAREteam@gosh.nhs.uk](mailto:NTPNMarthaCAREteam@gosh.nhs.uk)

The 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.