

# Referral criteria

Here when  
families  
need us most

## Child's details

Child/Young Person name:

NHS number:

DoB:

Completed by:

Role:

Signature:

Date completed:

Is the child/young person subject to a safeguarding plan? Yes  No

### **Does the child/young person you are referring meet Martin House's criteria?**

Please indicate which group the child or young person fits into:

## Group 1

- Life-limiting condition for which curative treatment may be feasible, but can fail  
*Eg, cancer, organ failure*
  - Patients with poor prognosis or where treatment has failed and/or during an acute crisis

**NB:** On reaching long-term remission or following a successful curative treatment, the child/young person will be discharged

## Group 2

- Condition where premature death is inevitable, and likely before the age of 25  
Eg, *Duchenne's muscular dystrophy*

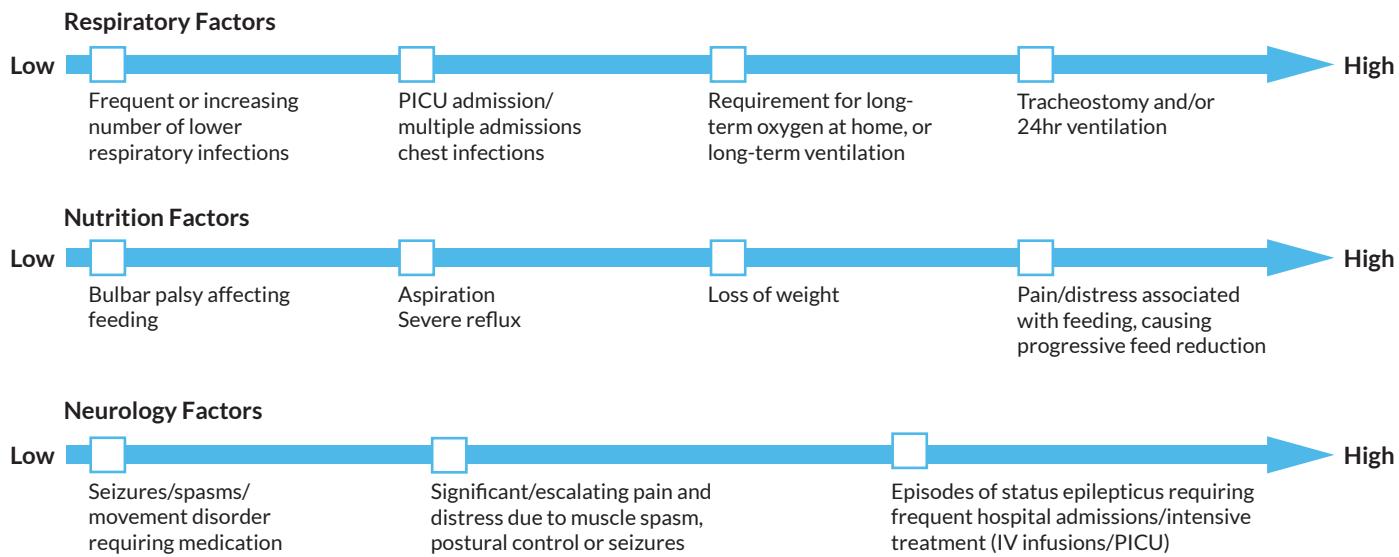
# Group 3

- Progressive condition without curative treatment options, likely to die before the age of 25  
*Eg. Battens, SMA Type 1, undiagnosed neurodegenerative condition*

## Group 4

- Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of death before age of 25 years.  
*Eg, severe cerebral palsy*

Please indicate most relevant point on scale that child/young person is at in relation to following vulnerability factors:



## **Group 4 only**

Other relevant factors that demonstrate vulnerability (such as pain, distress, social factors, etc)

Please return the completed form by email to [care@martinhouse.org.uk](mailto:care@martinhouse.org.uk) or by post to:  
**Care Referral Team Panel, Martin House Children's Hospice, Grove Road, Boston Spa, Wetherby,  
LS23 6TX**