

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

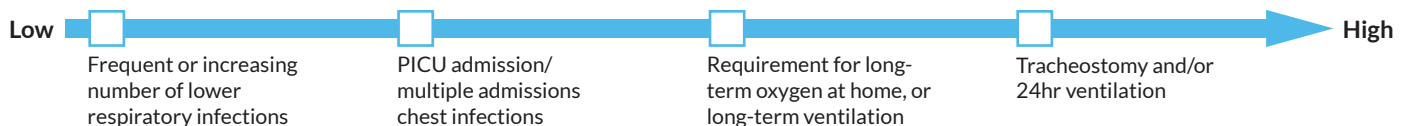
- Progressive condition without curative treatment options, likely to die before the age of 25
Eg, Batten's, SMA Type 1, undiagnosed neurodegenerative condition

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:

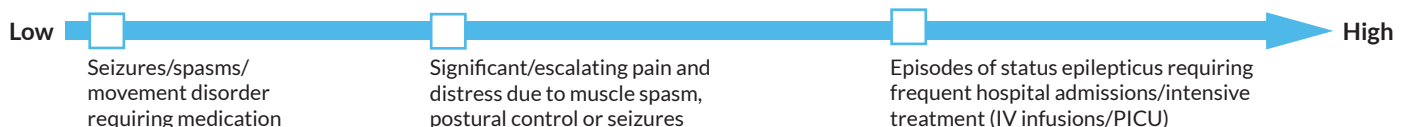
Respiratory Factors



Nutrition Factors



Neurology 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 or by post to:
**Care Referral Team Panel, Martin House Children's Hospice, Grove Road, Boston Spa, Wetherby,
LS23 6TX**