

Department of Congenital Heart Disease Referral Form

All referrals to paediatric cardiology require completion of this form.

If your referral is **urgent**, please also contact the on-call paediatric cardiology registrar via the hospital switchboard 0191 233 6161.

GP referrals use the NHS digital e-referral service <https://digital.nhs.uk/services/e-referral-service>

Please note all sections must be completed, or the form will be returned to the sender. Once the form is completed, please send to nuth.referrals-nencchdn@nhs.net

Patient Details

Name:	NHS number:
DOB:	Sex:
Phone number (mandatory):	
Address:	
Post code:	Weight:
Previous FH patient:	FRH MRN (if known):

Clinical Details

Cardiac diagnosis (if known):
Reason for referral:
Clinical history, examination, investigations, and family history:
Pulses: Yes No Murmur: Yes No Difficulty feeding: Yes No Increased work of breathing: Yes No
Child protection concerns: Yes No If yes, details:

Saturations:

Medications:

Referral Details

Referral date:

Referral telephone time (if applicable):

Referrer's Details

Name of doctor completing form:

Grade:

Address of GP practice or hospital:

NHS Net email:

Contact number (external or bleep):

Referring Consultant/GP name: