Congenital Heart Disease Network

The Newcastle upon Tyne Hospitals NHS Foundation Trust

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 must 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:
Date of birth:	Sex: Select from drop-down
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 the form:	Grade: Select from drop-down
Address of GP practice or hospital:	
NHS Net email:	
Contact number (external or bleep):	Referring Consultant/GP name: