

**REQUEST PATIENT TREATMENT UNDER GENERAL ANAESTHETIC
AT BRISTOL DENTAL HOSPITAL**

<p align="center">UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST</p> <p align="center">BRISTOL DENTAL HOSPITAL</p> <p align="center">ADMISSIONS DEPARTMENT Tel: 0117 3424702 Fax: 0117 342 3266 ADMISSIONS MANAGER Tel: 0117 3424385</p>	<p>PRACTICE NAME/PRACTICE STAMP ADDRESS:</p>		
MEDICAL, DENTAL AND SOCIAL HISTORY			
<p>PATIENT DETAILS:</p> <p>Name: _____ D.O.B. _____</p> <p>Address: _____ Home Tel: _____</p> <p>_____ Work Tel: _____</p> <p>_____ Mobile Tel: _____</p>			
JUSTIFICATION FOR GENERAL ANAESTHETIC			
<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">TREATMENT REQUESTED</td> <td style="border: none;">CARIES ORTHO TRAUMA OTHER</td> </tr> </table>		TREATMENT REQUESTED	CARIES ORTHO TRAUMA OTHER
TREATMENT REQUESTED	CARIES ORTHO TRAUMA OTHER		
<p>TEETH PRESENT</p> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); border: 1px solid black; width: 80%; height: 80%;"></div> </div>	<p>DENTAL HISTORY</p>		
<p>If extractions are an orthodontic request, please enclose a copy of the letter. Please attach radiographs wherever possible (especially for permanent extractions). These will be returned promptly.</p>			

	MEDICAL HISTORY (please state briefly overleaf)	NO	YES
CVS	Heart disease, hypertension, syncope, angina, rheumatic fever		
	Bleeding disorder, anticoagulant, anaemia		
RS	Asthma, bronchitis, TB, other chest disease		
GI	GI disease		
	Hepatitis, jaundice		
GU	Renal disease		
CNS	Epilepsy, convulsions, disabilities or learning difficulties		
LM	Bone or joint disease		
	Disease or other endocrine disease		
	Skin disease		
	Any other disease (including congenital abnormalities)		
	Relevant family MH		
	Allergies eg. Penicillin		
	Recent or current drugs/medical treatment		
	Previous operations or serious illness		
	Recent travel abroad		
	Are they under review or treatment at any other hospital/dentist - (Place details overleaf)		

**I have discussed the provision of dental treatment / extractions under both local or general anaesthesia.
The benefits and risks of both have been fully explained by me and understood by the parent/guardian and/or patient.
I am therefore referring this child for treatment under general anaesthesia**

Signed..... Date.....

Please state further details if required overleaf

FURTHER DETAILS

SICKLE CELL DISEASE AND THALASSAEMIA

Indian and Afro-Caribbean patients should have a test for sickle haemoglobin which must be done before attending the General Anaesthetic Department.

Eastern Mediterranean patients should have a test for thalassaemia

**If your patient requires testing for sickle cell disease or thalassaemia, please refer the patient to their GP
If you have any problems please contact Admissions Manager on 0117 3424385.**

If sickle cell status is known please tick one of the following boxes

Negative

Positive

Trait

Is an interpreter required? YES / NO

**Please indicate in the box if you wish to be consulted if changes to requested treatment plan are deemed advisable at BDH
ie. Balancing / Compensating**

Yes

No

Appointments for our pre-clerking clinic for children under the age of 16 who require a general anaesthetic can be made by telephone on the following telephone number: 0117 3424385.

Please ensure your practice details are on the front of this referral.

<p>May we remind you of The Maintaining Standards guidelines which state that:</p> <p>‘ Clear justification for the use of general anaesthesia together with the details of the relevant medical and dental histories of the patient must be contained in the referral letter. The referring dentist must retain a copy of this letter.’</p> <p><i>Paragraph 4.18 GDC Maintaining Standards, revised November 2001.</i></p>
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