

Special Care Dentistry Referral Form for Community Dental Services Adults and Children

For referrals made by Health and Social Care Professionals (non-dental) only

Please read guidance notes before completing this form.

Please note:

- If your referral does not meet the Special Care Dental Service criteria or if this form is not legible or completed fully, we reserve the right to return it to you.
- If the patient is accepted for a course of treatment this does not mean they will receive ongoing care on completion of the treatment.
- Dentists should not use this form and should make referrals on the form for referral by Dental professionals

SECTION 1: PATIENT DETAILS		SECTION 2: PARENT/CARER/GUARDIAN INFORMATION (to support appointments as appropriate)	
Name		Name	
Address		Address	
Home Tel. No.		Home Tel. No.	
Mobile Number		Mobile Number	
Email address		Email address	
Date of Birth		Relationship to patient	
Gender		Patient's NHS Number	
Nursery/School College (if relevant)		Professionals involved in care (e.g. social worker, learning disability team)? If yes, please give details Yes <input type="checkbox"/> Details:	
Relevant Safeguarding Information			
SECTION 3: REFERRER DETAILS		SECTION 4: PATIENT GP DETAILS	
Name		Name	
Job Title		Practice Address	
Address			
Tel. No.		Practice Tel. No.	
Email Address		Email Address	

- Please tick to confirm you have told the patient (and/or relatives/carer as appropriate) you are making this referral
- Please tick to confirm this referral complies with the General Data Protection Regulation, so that information can be shared with other Health and Social Care Professionals if this is necessary and in the Patient's Best Interest
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SECTION 5: MAIN REASON FOR REFERRAL

Learning Disability	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>
Medical Disability	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>

Detail any other reasons for referral below:

SECTION 6: DENTAL PROBLEMS ABOUT THE PATIENT

Why does this referral need to be made to a specialist dental service rather than the patient seeing a general high street dentist?	
How long ago did the patient last see a dentist?	
Are they taking any medication for a dental problem? (please list)	

What concerns do you have about the patient's mouth? Please tick all which apply

The patient is in pain	<input type="checkbox"/>	Sore mouth	<input type="checkbox"/>	Swelling	<input type="checkbox"/>
Problem teeth	<input type="checkbox"/>	Problem gums	<input type="checkbox"/>	Ulcers	<input type="checkbox"/>
Lost false teeth	<input type="checkbox"/>	Broken false teeth	<input type="checkbox"/>	False teeth not fitting	<input type="checkbox"/>

Other – please detail below:

SECTION 7: MEDICAL HISTORY

Please include an overview of the patient's medical history, a copy of their medication list, any known allergies, a copy of the latest clinical letter or any other information that may be pertinent to their dental care

SECTION 8: COMMUNICATION AND IDENTIFIED REASONABLE ADJUSTMENTS

Please detail communication, mobility or other reasonable adjustments required by the patient below

SECTION 9: SIGNATURE

Print Name		Signature	
Job Title		Date	

SECTION 10: TRIAGE OUTCOME			
Date Triaged		Triaged by (print name and position)	
Referral Accepted		If rejected, please state reason for rejection	
Patient Complexity	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3

Please send this completed form to:

Area	Details
Cornwall	ciosicb.rmsdentalreferrals@nhs.net
Plymouth	livewell.referralsplymouthcommunitydentistry@nhs.net
Torbay	sd-dental.t-sd@nhs.net
Devon (excluding Plymouth and Torbay)	rduh.sds-referral@nhs.net
Somerset	spn-tr.somersetdentalspa@nhs.net
BNSSG & BaNES	primarycaredentalreferrals@uhbw.nhs.uk
Wiltshire and Swindon	gwh.dentaladmin.teamoffice@nhs.net
Gloucestershire	https://www.ghc.nhs.uk/our-teams-and-services/gloucestershire-specialist-dental-service/
Dorset	Spn-tr.DorsetDentalSPA@nhs.net