

Please place a tick in the box of the referral type you require

- | | | | |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Dentures, crowns and bridges | <input type="checkbox"/> Implants | <input type="checkbox"/> Sedation | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> Periodontal | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral surgery | <input type="checkbox"/> Hygiene referral |

Referring Dentist details:

Title: _____
 Name: _____
 Practice address: _____

 Telephone number: _____
 Fax number: _____
 E-mail address: _____

Preferred communication method (circle as appropriate)
 Letter | Telephone | Fax | E-mail

Patient details:

Title: _____
 Name: _____
 Date of birth: ___/___/___
 Address: _____
 Home telephone number: _____
 Mobile telephone number: _____
 E-mail address: _____

Preferred communication method (circle as appropriate)
 Letter | Telephone | Fax | E-mail

Dentist objectives: (tick box as appropriate)

For opinion only
 For initial discussion with the patient advisor
 For treatment

Medical history: (tick box if yes)

Is the patient currently undergoing any treatment from their GP?

Is the patient taking any medications?
 If so, please state which.

Reason for referral:

History of the reason for referral.

How long has the problem been apparent?

Which treatment modalities have been tried?

Please give a brief description of any relevant treatment to date.

Dental history: (tick circle if yes)

- Does the patient attend regularly?
- Is the patient periodontally stable?
- Is the patient very nervous about treatment?
- Is the patient currently having any additional dental treatment?

Social history: (tick circle if yes)

- Does the patient smoke?
- Does the patient live alone?
- Does the patient have any relevant physical disabilities?

Any other information: (tick circle if yes)

- Enclosures (i.e. radiographs / pocket charting)
 - Are the radiographs to be returned?
- _____

If you would like to add further information please include on the back of this form.