

Patient Referral Form

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

- | | | | |
|--------------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Implants | <input type="checkbox"/> Dentures, Crowns & Bridges | <input type="checkbox"/> Periodontal | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Hygienist | <input type="checkbox"/> Invisalign |

Referring dentist details:

Title: _____

Name: _____

Practice address: _____

Telephone number: _____

Fax number: _____

Email address: _____

Preferred communication method

(circle as appropriate)

Letter | Telephone | Fax | Email

Patient details:

Title: _____

Name: _____

Date of birth: _____

Address: _____

Home telephone number: _____

Mobile telephone number: _____

Email address: _____

Preferred communication method

(circle as appropriate)

Letter | Telephone | Fax | Email

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 box 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 box if yes)

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

Any other information: (tick box 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.