Referral for Oral Care to the Community Dental Service In Heywood, Middleton and Rochdale, Bury and Oldham

Pennine Care NHS
NHS Foundation Trust

PATIENT DETAILS

First names	_____	Surname	_____
Date of birth	_____	Age	_____
Address	_____	Home Tel. No.	_____
	_____	Contact Tel. No.	_____
	_____	Gender (M/F)	_____
Postcode	_____	NHS No.	_____
Interpreter Required?	Y / N	School	
Specify Language	_____	(if appropriate)	

REASON FOR REFERRAL (please tick all relevant categories):-

- ☐ Behavioural problems/phobia
- ☐ Physical disability/Housebound
- ☐ Developmental or complex dental problems
- ☐ Learning Disability/Mental Health Needs
- ☐ Other, please specify

_____

- ☐ Trauma/broken teeth
- ☐ Sensory Impairment
- ☐ Looked After Child/Child In Need
- ☐ Dentures (lost/broken)
- ☐ Medical

Have there been any episodes of pain? – Y/N (Please give details)

_____

_____

URGENCY **Urgent** ☐ **Routine** ☐

DENTAL HISTORY

Does the patient have a dentist? Y / N

If Yes, give details (name and address of dentist/ date last seen):

Mobility Assessment: A domiciliary visit will be provided if required ***Please delete as appropriate.***

Walks unaided	Yes	No	Wheelchair user	Yes	No
Walks with aid of stick/ frame/ carer	Yes	No	Hoist required	Yes	No
Able to access social activities e.g. trips	Yes	No	Bed bound	Yes	No
			Transport by ambulance required	Yes	No

review date 03/16

MEDICAL HISTORY *Details of relevant medical problems:* **General Medical Doctor:** Name and Address	**Medication:** *(Attach separate sheet if appropriate)*

SOCIAL HISTORY
Details of legal guardian/regular carer/next of kin. Please include contact information.

NHS charges for dental treatment will apply unless patients are exempt from charges.

All referrals will be placed on our waiting list and will be contacted as appropriate. Referrals assessed as urgent will be seen as soon as possible.

NAME AND CONTACT DETAILS OF REFERRER

Name : _____

Address_____

_____

_____

Postcode:_____ **SIGNATURE:**

Telephone: _____ **DATE :**

Please keep a copy for your reference and send to:

Pennine Care Community Dental Service
2nd Floor
Moorgate Primary Care Centre
22 Derby Way
Bury
BL9 0NJ
E-mail : pcn-tr.Bury-CommunityDental@nhs.net
Telephone: 0161 447 9866
Fax: 0161 447 9888

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