



# REFERRAL FORM

PLEASE PRINT CLEARLY IN CAPITALS

### Patient Details

Has patient been referred here before Yes  No

Mr  Mrs  Miss  Ms  Mstr

Surname

Tel Home

Forename

Work

Date Of Birth

Mobile

Sex Male  Female

Email

Occupation

Next Of Kin Name

Address

Tel

NHS  Exempt

### Reason For Referral

Nervous  Uncooperative  Phobic  Difficulty with LA  Other

### Treatment Required

RA>5yrs  IV > 18yrs  LA  Urgent  Non Urgent

### Extractions

<input type="text"/>	<input type="text"/>
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### Restorative

<input type="text"/>	<input type="text"/>
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### Other

<input type="text"/>
<input type="text"/>

### PLEASE FORWARD ANY RELEVANT RADIOGRAPHS

I confirm I have explained to the patient, the reason for the referral and the risks involved. I have explained to the patient that the decision as to whether treatment will be carried out, will be made by the attending Dental surgeon.

**PLEASE PRINT AND ATTACH FP17RN OR EMAIL AND FORWARD FP17RN**

**PLEASE EMAIL OR ATTACH COMPLETED MEDICAL HISTORY FORM**

### Referring dentist details

Name

Signature

Address

Practice Stamp

Tel

Email

# CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE

It is important that you complete this questionnaire as fully and correctly as possible, so that we may ensure that the operation and anaesthesia are adapted appropriately.

**PLEASE TICK YOUR ANSWER**

YES / NO

**Have you had a cold, cough or temperature during the past 7 days?**

 

**Do you suffer from or have you had any of the following?**

Heart attacks/Angina/-strokes/Chest pain

 

Heart "Murmurs"/Heart operations

 

Rheumatic Fever

 

Lung operations/Shortness of breath

 

Diabetes

 

Epilepsy/Fits/Blackouts

 

Muscle or Nerve disorders (Multiple Sclerosis, Myopathy etc.)

 

Bleeding disorders/Haemophilia/Anticoagulants

 

Ladies, are you PREGNANT

 

***If you have answered Yes to any of the above questions this may mean that we are unable to give you an anaesthetic as an Out-Patient. Please contact the Clinic now.***

**In addition, do you suffer from or have you had any of these problems?**

Jaundice/Hepatitis/Liver disease

 

Kidney disease

 

Asthma/Bronchitis/TB

 

High Blood Pressure

 

Stomach/Bowel disorders, including ulcers

 

Pacemaker

 

Any previous operations

 

**Are you ALLERGIC to anything?**

If YES please list here:

**Are you taking any tablets, Inhalers, Medicines or Injections (including the Pill)**

 

**Have you had a General Anaesthetic before**

 

If YES, please tell us when was the last one (in years/months)

**Have you or anyone in your family had a reaction or complications to any sort of anaesthetic**

 

**Do you or anyone in your family suffer from Sickle Cell Anaemia**

 

**Do you smoke**

 

**How much alcohol do you drink in a week**

**Are you wearing**

**Full or partial Dentures/Crowns/Bridgework/Braces**

 

**Contact Lenses**

 

**I certify that all of the above information is, to the best of my knowledge true.**

**Signature:**

**Date:**

(of the PATIENT  PARENT  GUARDIAN  )



# Referral Notice

FP17RN  
07/04/06

## Section A

### Provider's details

Large empty box for provider details.

Telephone No.

Performer number

Charge band for NHS treatment  1  2  3 Total charge for NHS treatment £

Please accept this patient for treatment as detailed below. A copy of the patient's treatment plan is forwarded to you for information.

### Patient's details

Surname

Forename

Title  Sex M  or F  Date of birth  D  D  M  M  Y  Y  Y  Y

Address

Postcode

Dentist's Signature

## Section B

Referral service provider

## Section C

Services to be provided

Large empty box for services to be provided.

## **Patient Information**

- 1** Where you are referred to another practitioner or service provider for part of a course of NHS dental treatment, you will only be required to pay one NHS charge. The NHS charge will be paid to the practitioner who refers you.
- 2** Where you are referred to another practitioner or service provider for a new course of NHS treatment, such as a course of treatment involving sedation or domiciliary (home) visits, you will pay the appropriate NHS patient charge for that course of treatment to the practitioner providing treatment. The dentist who referred you may also need to charge you for any treatment provided before you were referred.
- 3** The primary dental service contractor you are referred to will provide you with a treatment plan listing the treatment they are to provide (unless you have been referred for an examination and advice only). You may choose to have some treatment privately as an alternative to NHS treatment. If you wish to have some private treatment then you will be provided with a written estimate beforehand, on the treatment plan.
- 4** If you do not wish to be referred to the particular practitioner or service provider detailed on this form, please let your dentist know, either verbally or in writing and they will endeavour to make other suitable alternative referral arrangements.