**Community Dental Service Referral Form**

**Please email all referrals to nuth.cds@nhs.net**

\* indicates mandatory field. Please note forms not correctly completed will be returned and not processed Referral for advice accepted where clinically justified, not at patient/parent request.

Please include as much information as possible (including any radiographs).

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| **Section 1. Practice / referrer Information - *Complete for ALL REFERRALS*** | | | |
| **Today’s date\*** | Click here to enter text. | **Date of decision to refer*\**** | Click here to enter text. |
| **Referring GDP name\*** | Click here to enter text. | **GDC number** | Click here to enter text. |
| **Referring GDP Signature\*** | Click here to enter text. | **NHS.net address (where available)** | Click here to enter text. |
| **Practice Referrer Address\*** | Click here to enter text. | | |
| **Postcode\*** | Click here to enter text. | **Telephone number\*** | Click here to enter text. |

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| **Section 2. Patient Information - *Complete for ALL REFERRALS*** | | | | | | | |
| **Title\*** | Click here to enter text. | **First Name\*** | | Click here to enter text. | | **Surname\*** | Click here to enter text. |
| **Date of Birth\*** | Click here to enter text. | **Age\*** | | Click here to enter text. | | **Gender\*** | Click here to enter text. |
| **Patient Address,** | Click here to enter text. | | | | | | |
| **Postcode\*** | Click here to enter text. | | **Telephone (mobile)\*** | | Click here to enter text. | | |
| **NHS number** | Click here to enter text. | | **Patient e-mail address** | | Click here to enter text. | | |
| **Medical History information (including list of medications where relevant, GMP details and carer details if relevant):** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Current dental/oral health and relevant dental history:** | | | | **Social History** (details of legal guardian, living arrangements, smoking/alcohol/drug history etc.) | | | |
| Click here to enter text. | | | | Click here to enter text. | | | |
| **Has the Patient been seen in Newcastle CDS Previously?** | | | |
| Yes  No | | | |
| **Any Special Care requirements e.g. Hoist, Interpreter, Bariatric chair?** | | | | Yes  Please give details:  No | | | |
| **Radiographs taken as appropriate & supplied in appropriate format and orientation (printed on photographic paper or digital copy provided)** Please also label with pt name, DOB and when the images were taken. | | | | Yes  No  Unable to obtain radiographs | | | |

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| **Section 3. Reason for referral – *Complete this section*** ***for ALL REFERRALS*** | |
| Routine care for special care patients |  |
| Treatment under sedation |  |
| Please supply patients Height: Weight: BMI: | |
| Please indicate reason for sedation: | |
| To be seen on undergraduate clinics (one course of treatment only) |  |
| Bariatric referral |  |
| Please supply patients Height: Weight: BMI: | |
| **Please give details of dental treatment required e.g. examination, fillings, extractions (MUST give details here)** | |
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| Please indicate if this referral is Routine or Urgent | |

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| **Indication of clinic you wish the patient to be seen at based on post code:** | |
| ***Arthurs Hill Dental Clinic***  *Douglas Terrace*  *Arthurs Hill*  *Newcastle Upon Tyne*  *NE4 6BT*  Tel: *0191 282 3209*  *Email: nuth.cds@nhs.net* | ***Kenton Dental Clinic***  *Kenton Resource Centre*  *Hillsview Avenue*  *North Kenton*  *Newcastle Upon Tyne*  *NE3 3QJ*  *Tel: 0191 282 3800*  *Email: nuth.cds@nhs.net* |
|  |  |
| ***Molineux Dental Clinic***  *Molineux Centre*  *Molineux Street*  *Byker*  *Newcastle Upon Tyne*  *NE6 1SG*  *Tel: 0191 213 8550*  *Email: nuth.cds@nhs.net* | ***Walker Dental Clinic***  *Walker Resource Centre*  *Church Walk*  *Walker*  *Newcastle Upon Tyne*  *NE6 3BS*  *Tel: 0191 213 8997*  *Email: nuth.cds@nhs.net* |
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Please ensure this is the correct community dental service to refer to. Other local CDS services are found below:

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| ***Community Services District/ Area*** | ***Contact Details*** |
| |  |  | | --- | --- | | **Gateshead, South Tyneside & Sunderland (SoTW)** | Dental Office  Clarendon, Windmill Way  Hebburn NE31 1AT  Tel: 0191 5026750  Email: communitydentalsotw.electronicreferrals@nhs.net | | **Northumberland & North Tyneside** | Dental Referrals, Dental Department,  Health Centre, Albion Road, North Shields,  Tyne & Wear NE29 0HG  Tel: 0191 219 6693  Email: [nhc-tr.albionroad.dental@nhs.net](mailto:nhc-tr.albionroad.dental@nhs.net) | | **Durham** | Dental Department  Park Place Health Centre  Park Place  Darlington DL1 5LW  Tel: 01325 342 150 or 01388 455767  Email: [cddft.communitydental@nhs.net](mailto:cddft.communitydental@nhs.net) | | **Teesside** | Community Dental Service,  Guisborough Primary Care Hospital,  Northgate, Guisborough  Cleveland TS14 6HZ  Tel: 01642 944734 Fax: 01287 284 125  Email: nth-tr.tcdsreferrals@nhs.net | | **Cumbria** | Dental Referrals, Carlisle Dental Centre,  Infirmary Street  Carlisle CA2 7HY  Tel: 01228 608 199 Fax: 01228 549 764  Email:  [ncm-tr.dentalreferralapphub@nhs.net](mailto:ncm-tr.dentalreferralapphub@nhs.net) | | |