**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).

|  |
| --- |
| **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. |

|  |
| --- |
| **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 [ ]  |

|  |
| --- |
| **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)** |
|  |
| Please indicate if this referral is Routine[ ]  or Urgent[ ]  |

|  |
| --- |
| **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*  |
|  |  |
|  |  |
|  |  |

Please ensure this is the correct community dental service to refer to. Other local CDS services are found below:

|  |  |
| --- | --- |
| ***Community Services District/ Area*** | ***Contact Details*** |
|

|  |  |
| --- | --- |
| **Gateshead, South Tyneside & Sunderland (SoTW)** | Dental OfficeClarendon, Windmill WayHebburn NE31 1ATTel: 0191 5026750Email: 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 |
| **Durham** | Dental DepartmentPark Place Health Centre Park PlaceDarlington DL1 5LWTel: 01325 342 150 or 01388 455767Email: cddft.communitydental@nhs.net |
| **Teesside**  | Community Dental Service, Guisborough Primary Care Hospital, Northgate, Guisborough Cleveland TS14 6HZ Tel: 01642 944734 Fax: 01287 284 125Email: nth-tr.tcdsreferrals@nhs.net |
| **Cumbria** | Dental Referrals, Carlisle Dental Centre, Infirmary Street Carlisle CA2 7HY Tel: 01228 608 199 Fax: 01228 549 764Email:  ncm-tr.dentalreferralapphub@nhs.net |

 |