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**South West Region**

**Special Care Dentistry Referral Form to Community Dental Services**

**Adults and Children**

**For referral by Dental Professionals only**

**Please note:**

* **If your referral does not meet the Special Care Dental Service criteria or if this form is not legible or completed fully, we reserve the right to return it to you.**
* **If the patient is accepted for a course of treatment this does not mean they will receive ongoing care on completion of the treatment.**
* **For Dorset referrals, please use the Vantage Rego DERS system**

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| **SECTION 1: REFERRAL INFORMATION** | | | | |
| **Type of Referral** | Specialist Opinion only  Shared Care | | Specialist Opinion and Treatment | |
| **SECTION 2: PATIENT DETAILS** | | **SECTION 3: PARENT/CARER/GUARDIAN INFORMATION** | | |
| **Name** |  | **Name** | |  |
| **Address** | | **Address** | | |
| **Home Tel. No.** |  | **Home Tel. No.** | |  |
| **Mobile Number** |  | **Mobile Number** | |  |
| **Email address** |  | **Email address** | |  |
| **Date of Birth** |  | **Relationship to patient** | |  |
| **Nursery/School/College (if relevant)** | | Professionals involved in care (e.g. social worker, learning disability team)? If yes, please give details **Yes**  **Details:** | | |
| **Gender** |  |
| **Patient’s NHS Number** |  |
| **Relevant Safeguarding information** |  |
| **SECTION 4: REFERRER DETAILS** | | **SECTION 5: PATIENT GP DETAILS** | | |
| **Name** |  | **Name** | |  |
| **Practice Address** |  | **Practice Address** | |  |
|  |  |  | |  |
| **Tel. No.** |  | **Practice Tel. No.** | |  |
| **NHS.net email address** |  | **NHS.net email address** | |  |
| **SECTION 6: REASON FOR REFERRAL AND TREATMENT REQUESTED** | | | | |

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| Learning Disability |  | Autism Spectrum Disorder |  | Mental Health Condition |  |
| Medical Disability |  | Dementia |  | Physical Disability |  |

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| **Please explain why you are referring the patient and what treatment is required** | | | |
| **SECTION 7: DESCRIBE PREVIOUS ATTEMPTS AT TREATMENT**  Please explain what treatment has been attempted and why the patient cannot be treated within General Dental Practice | | | |
|  | | | |
| **SECTION 8: MEDICAL HISTORY**  Please include an overview of the patient’s medical history, a copy of their medication list, any known allergies, a copy of the latest clinical letter or any other information that may be pertinent to their dental care | | | |
|  | | | |
| **SECTION 9: COMMUNICATION AND IDENTIFIED REASONABLE ADJUSTMENTS**  Please detail communication, mobility or other reasonable adjustments required by the patient below | | | |
|  | | | |
| **SECTION 10: RADIOGRAPHS**  Please ensure all relevant and recent radiographs are enclosed for patient assessment | | | |
| **Radiographs enclosed**  DPT  Intra Orals  Date taken: | None  Please give reason for not providing radiographs) | | |
| **SECTION 11: SIGNATURE** | | | |
| **Print Name** |  | **Signature** |  |
| **GDC Number** |  | **Date** |  |
|  |  |  |  |

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| **SECTION 12: TRIAGE OUTCOME** | | | | |
| **Date Triaged** |  | **Triaged by (print name and position)** | | |
| **Referral Accepted** |  | **If rejected, please state reason for rejection** | | |
| **Patient Complexity** | Level 1 | | Level 2 | Level 3 |

**Completed forms to be returned to the relevant provider:**

|  |  |
| --- | --- |
| **Area** | **Details** |
| Cornwall | [ciosicb.rmsdentalreferrals@nhs.net](mailto:ciosicb.rmsdentalreferrals@nhs.net) |
| Plymouth | [livewell.referralsplymouthcommunitydentistry@nhs.net](mailto:livewell.referralsplymouthcommunitydentistry@nhs.net) |
| Torbay | [sdc-dental.t-sd@nhs.net](mailto:sdc-dental.t-sd@nhs.net) |
| Devon (excluding Plymouth and Torbay) | [rduh.sds-referral@nhs.net](mailto:rduh.sds-referral@nhs.net) |
| Somerset | [scwcsu.dentalwest1@nhs.net](mailto:scwcsu.dentalwest1@nhs.net) |
| BNSSG & BaNES | [primarycaredentalreferrals@uhbw.nhs.uk](mailto:primarycaredentalreferrals@uhbw.nhs.uk) |
| Wiltshire and Swindon | [gwh.dentaladmin.teamoffice@nhs.net](mailto:gwh.dentaladmin.teamoffice@nhs.net) |
| Gloucestershire | <https://www.ghc.nhs.uk/our-teams-and-services/gloucestershire-specialist-dental-service/> |
| Dorset | [Vantage Rego (ref.management)](https://ref.management/login) |