Appendices

Appendix 1a

Appendix 1a Referral Checklist ***Have you included the following information in your referral?***			
First language if not English	*Interpreter required*		
Sensory impairment	*Hearing*	*Vision*	*Communication*
Mobility	*Can manage stairs*	*Can walk with frame*	*Can weight bear*
	Can transfer by self	*Wheelchair user*	*Hoisting required*
Does the patient have any additional needs*?*	*Learning disability*		
	Acquired brain injuries		
	Diagnosed mental health illness		
	Autistic spectrum disorders		
	Current significant misuse of substances		
	Child with cleft lip or palate		
	Dental treatment complicated by medical condition		
	Medical condition significantly affected by poor oral health		
	Sensory disability making access to general dental service difficult		
	Physical disability making access to general dental service difficult		
	Access to bariatric dental care needed (patient is over 21 stone / 133 kg)		
	If yes, please specify the weight of the patient		
	Children or adults with a high level of anxiety or with a phobia of dental treatment and/or with behavioural difficulties. (treatment must have been attempted in GDP first) *IOSN Appendix 3 score must also be completed for these patients.*		
REASON FOR REFERRAL AND TREATMENT REQUESTED?			
PREVIOUS ATTEMPTS AT TREATMENT?			
RADIOGRAPHS ATTACHED?			
Have you completed appendix 4 and 5 for domiciliary referrals to: bord-uhb.caring4smiles@borders.scot.nhs.uk			
The referral has been discussed and agreed with the patient and/or Parent/Guardian?			
NHS charges are payable to PDS unless the patient is exempt			
Medical history information contained in referral?			
This patient referral meets the current referral guideline?			