Appendix 5

Domiciliary Request Assessment Form
NHS Borders Dental Service

Name of patient: **D.O.B.**

Address:

Section 1 – Mobility (Please choose one only)	**Please put an "X" in box if yes**	**Score**
Fully Independent (Mobile)	☐	10
Frail but ambulant – needs assistance / partially sighted / blind/ mental health condition	☐	6
Very unsteady gait	☐	4
Mobile with use of wheelchair	☐	2
Immobile	☐	0
Question 1 – When was the last time the patient was able to leave the house?		
Section 2 – Personal needs (Please choose all that apply)	**Please put an "X" in box if yes**	**Score**
Meets all personal needs	☐	10
Meets own personal needs with some external aid e.g. family/carer	☐	6
Meets few personal needs – relies heavily upon external aid e.g. family/carer	☐	4
Unable to meet any personal needs due to physical / mental health/psychological conditions	☐	0
Question 2 – Does the patient have someone to bring them to the dental surgery?		
Section 3 – Activity (Please choose all that apply)	**Please put an "X" in box if yes**	**Score**
Attends appointments outside their home	☐	6
Uses a Taxi/Car for other activities e.g. shopping/ social outings/doctor	☐	6
Attends his / her doctor or health centre	☐	4
Attends day centre / clubs/other	☐	2
Other (please specify)		2
	TOTAL	☐

Question 3 – If the patient has a hospital appointment how do they get there? (Please put an "X" in the box of all that apply)			
Ambulance ☐	Taxi ☐	Car ☐	Other ☐

Section 4 - Dental Care - Has the patient/carer contacted a local dentist i.e. nearest high street dentist?		
Yes ☐	No ☐	Don't know ☐

Section 5 – Are there any issues relating to the patients physical or mental health which would prevent the patient from attending a dental clinic for their care?

Guide for Scoring:

A score of 8 or less will give consideration to a domiciliary visit

Above 8 and patient should be offered a clinic appointment

Comments, relevant information (social, personal) etc: