

**Wolverhampton Special Care Dental Service Domiciliary Referral form**

**Please complete ALL sections of this form or it may be rejected**

Date of Referral ..... (Please state): URGENT / NON URGENT

|                        |              |
|------------------------|--------------|
| <b>Patient details</b> |              |
| MRS/MISS/MR/Other..... | NHS No ..... |
| Name .....             | D.O.B .....  |
| Address .....          |              |
| Tel No: .....          |              |

Referral taken by / Completed by .....

Patient Referred by ..... Status .....

Contact telephone No of referrer .....

|   |
|---|
| <b>Does the patient have capacity? Yes/No</b>   |
| If No please give brief details below (e.g.: Does the patient have a power of Attorney in place?) |
| Is the patient's family, Next of kin or Carer/Guardian aware of and agree to this referral?       |
| Yes                  No                  Not applicable   |

|   |
|---|
| <b>Next of kin details: (Relative, Carer, key worker, social worker etc.)</b>                 |
| Name : .....  |
| Tel No : .....  |
| Does the patient give consent for this person to be contacted regarding Dental Appointment's? |
| Yes                  No                  Not applicable                                       |

|   | Yes | No | N/A | Please give details: |
|---|-----|----|-----|----------------------|
| Does the patient have their own dentist?  |     |    |     |                      |
| When did the patient last see a dentist?  |     |    |     |                      |
| Does patient attend their Doctor's surgery or Hospital?                                   |     |    |     |                      |
| Does the patient attend for Optician/Hairdresser/Chiropody appointments?                  |     |    |     |                      |
| If yes, how do they get there?  |     |    |     |                      |
| Does the patient use a taxi for other activities?   |     |    |     |                      |
| Does the patient have any pets?   |     |    |     |                      |
| Is the patient mobile? If No do they use any aids (such as a frame, wheelchair or hoist?) |     |    |     |                      |

GP Name:  
Address..... Postcode: .....  
Tel No: .....

**Please list below any Relevant Medical History and Medications:**

**Are there any Communication difficulties?** e.g.; Does the patient require an interpreter or communicate in a certain way?

| What is the appointment for? | Yes | No | If yes please give details: |
|------------------------------|-----|----|-----------------------------|
| Routine examination          |     |    |                             |
| Loose/lost/new dentures      |     |    |                             |
| Pain                         |     |    |                             |

| Pain Triage Questions                             | Yes | No | N/A | If yes please give details:                                     |
|---|-----|----|-----|---|
| Is the tooth painful? If so, for how long?        |     |    |     |   |
| Is the pain constant or intermittent?             |     |    |     |   |
| Does it disturb your sleep?                       |     |    |     |   |
| What pain relief have you tried and do they help? |     |    |     |   |
| Is the tooth tender to bite on?                   |     |    |     |   |
| Is there any swelling present?                    |     |    |     |   |
| Is the tooth broken or a filling lost?            |     |    |     |   |
| <b>Does the patient pay NHS Charges?</b>          |     |    |     | If yes please advise the patient of charges below.              |
| <b>Is the patient exempt from NHS charges?</b>    |     |    |     | <b>If yes please state which benefits the patient receives.</b> |

**NHS Charges:** Band 1- £22.70 Band 2- £62.10 Band 3- £269.30

**\*Please note benefits such as Pension Credit guarantee Credit will exempt you from NHS Dental charges. Attendance allowance, invalidity allowance or a state pension does not automatically exempt a person from payment \***

**Send completed form by post to; Special Care Dental Service, Pennfields Medical Centre, Upper Zoar Street, Wolverhampton, WV3 0JH or by email to [rwh-tr.Pennfields-Dental-services@nhs.net](mailto:rwh-tr.Pennfields-Dental-services@nhs.net) Any queries please contact Collette Poyner (Senior Dental Nurse) - 01902 446684**