

SOE code.....

Breach date.....



Leeds Community Healthcare

COMMUNITY DENTAL SERVICE REFERRAL FORM FOR NON - DENTAL PROFESSIONALS
NHS CONFIDENTIAL

Dental Triage
Community Dental Service
St Georges Centre, West Wing
Middleton
Leeds LS10 4UZ
Phone 0113 3929875
Fax 0113 3929870
Email CDSTriage@nhs.net

Referrer's Name.....
Job Title.....
Practice Address.....
.....
Postcode.....
Phone No.....
Fax No.....
Email.....

Please refer to Leeds Community Dental Service Information and Guidance for Referrers

All fields are mandatory unless not applicable

Patient Details			
Full Name:		M	F
Parent/Guardian:		NA	
Date of birth:			
NHS number:			
Address:			
Contact number:			
Alternative number's:			
Interpreter Required	Yes	No	Language:
Other Communication aid	Yes	No	Details:
Previous Dental Referral	Yes	No	Date:
GP Details	Social worker, key worker, advocate details		NA
GP Name:	Name:		
Address:	Address:		
Postcode:	Postcode:		
Telephone number:	Telephone number:		

Reason for Referral – please tick relevant

Children's Dentistry
Under 16 years

Adult Special Care Dentistry

Has the patient given their consent to request a medical summary from their Doctor?

Yes No



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Patient name..... Date of birth.....

Supporting Information/Medical summary **WITHOUT THIS INFORMATION WE WILL NOT ACCEPT THIS REFERRAL** – staple separate sheet if necessary [e.g. medication, medical condition, mobility details, support staff involved, other specialist involvement, reason for social worker involvement etc]

Referrers signature..... Date.....

Print Name.....

For Admin use only.

Date referral received.....Triage Officer Initials.....

Referral Incomplete – returned	(Tick)	(Date)
Referral does not meet acceptance criteria and discharge protocol – returned		
GP Summary required		Date requested
Referral meets criteria – Book appointment		
With	Location details	

