

Hygienist Referral Form

Patient details

Name	
Date of birth	
Address	
Postcode	
Home telephone number	
Mobile number	
E-mail Address	

Practice details

GDP Name	
Address	
Postcode	
Phone number	
E-mail Address	
Referred by	
Date of Referral	

Medical history and risk factors

Any relevant medical history, please provide as much information as possible including allergies, any history of malignant disease and all medications. Including smoking status and alcohol consumption.

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Reason for Referral:

<input type="checkbox"/> Chronic Periodontitis	<input type="checkbox"/> Chronic Gingivitis	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Generalised	<input type="checkbox"/> Localised
Other:		
Special Instructions / requests:		
Treatment planned or undertaken:		
Radiographs Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pocket Chart Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please monitor, assess, provide OHI and S&P.	<input type="checkbox"/>
Measure Bleeding scores	<input type="checkbox"/>
Measure plaque scores	<input type="checkbox"/>
Do Detailed Pocket Chart	<input type="checkbox"/>
Authorised to do RSD with / without required with LA	<input type="checkbox"/>
Authorised to use Perio chip where required	<input type="checkbox"/>

Any other information you feel is relevant, any previous treatments, any mobility/communication/consent issues for the management of this patient?

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Signature	
Print	
Date	

Please return form to:

(Post) Hygienist Referral, The Dentist, 57 Liskeard Road, Walsall, WS5 3EY

or (Email) info@thedentistwestmidlands.com