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| **Request for Dental Treatment with the Public Dental Service – Health & Social Care Professionals Referral From**  If the individual you support does not have their own dentist, and has specific Priority Group needs, you are invited to request treatment with the Public Dental Service for NHS dental care.  **Email to:** [**gram.pcdreferralhub@nhs.scot**](mailto:gram.pcdreferralhub@nhs.scot) | [NHS Grampian Logo](http://nhsgintranet.grampian.scot.nhs.uk/) |

1. **Patient’s Personal Details**

Name S Date of Birth

Gender Male Female

Address

ess

Telephone Number

**Reason for referral:** Request to Register **** Current Dental Problem  with Public Dental Service Request Review

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| Summary of Oral Health Status (e.g. symptomatic / decayed teeth / poor fitting dentures / problems maintaining oral hygiene) |
| Summary of Medical History (e.g. significant MH, cognitive/ sensory/ behavioural issues) |
| Reason patient requires dental treatment with the PDS: (Please see summary of PDS Priority Group categories below. Decision to offer patient registration or a single course of treatment will be made by the PDS) |
| PDS PRIORITY GROUP CATEGORIES:  **N.B For PDS registration, condition or situation must be of significant severity and longevity that patient would be unable to access dental care, now or in the future, from a local “high street” NHS dentist due to their complex medical, social or behavioural needs:**  · **Complex medical condition** (normally ASA IV or greater) which significantly impacts dental disease or provision of dental care  - **Physical disability** which creates barriers to dental care e.g. patient who requires mechanical aids not normally available in General Dental Practice (GDP), or a movement disorder  - **Learning Disability - s**ignificant communication difficulties and co-operation compromised  - **Mental health condition -** long term in-patient or significant mental health problems impacting on daily living which preclude attendance at a GDP  · **Sensory Impairment** - impacting on the provision of dental care  · **Care Home Resident**  · **Domiciliary Care** – patient unable to leave their home for appointments  · **Dental phobic or behavioural condition** - where behavioural management technique required is beyond that generally available with GDP eg sedation or general anaesthesia required for all treatment  · **Complex social situation -** individual has additional and ongoing support needs inc. Looked After Children, prisoners/recent ex-offenders, travellers, drug and alcohol misuse service users, homeless, new asylum seekers. |

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| **Please confirm that the patient wishes to receive care from the Public Dental Service: Yes / No**  N.B. Standard NHS dental charges will apply unless exempt from charges  *Patient must be informed that repeated missed appointments or short notice cancellations may result in treatment being paused +/- deregistration from the Public Dental Service.* | | | |
| **Patient needs support to attend appointments? Yes / No**  **Patient has a Power of Attorney/Welfare Guardianship in place? Yes / No**  If yes, please provide contact details for main carer/support worker/POA/Welfare Guardian:  Name:  Phone Number:  Mobile Number:  E-mail: | | | |
| **Referrer Details:** | | | |
| Signed |  | Date |  |
| Name |  | Job Title or relationship to patient: |  |