

ORAL HEALTH REFERRAL FORM

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CHILD'S DETAILS			
Child's Family Name:		Child's First Name:	
Address :			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth: _ _ / _ _ / _ _ _ _	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait <input type="checkbox"/> Non-Aboriginal
Child's Medicare Card Number:		Expiry Date: _ _ / _ _ / _ _ _ _	
PARENT / GUARDIAN DETAILS			
Name:			
Relationship to Child:			
Telephone 1:		Telephone 2:	
<i>I consent to this referral and my child's details being forwarded to the Mid North Coast Local Health District - Oral Health Service</i>			
Name Parent/ Guardian (please print)			
Signature		Date	
ORAL HEALTH RISK ASSESSMENT (please tick one or more boxes)			
<input type="checkbox"/> Acute infection, swollen face, swelling around tooth/teeth	<input type="checkbox"/> Poor oral hygiene		
<input type="checkbox"/> White spot lesion or untreated dental decay in child	<input type="checkbox"/> Decay in parents or siblings		
<input type="checkbox"/> Previous caries experience in child	<input type="checkbox"/> Baby bottle at night for sleep or used at will		
<input type="checkbox"/> Gastric reflux	<input type="checkbox"/> Parent requires oral health support		
<input type="checkbox"/> Brushes twice a day	<input type="checkbox"/> Drinks fluoridated water		
<input type="checkbox"/> Fluoride varnish in last 6 months			
<input type="checkbox"/> Frequent exposure to between meal sugars / cariogenic food <i>(including bottle or sippy cup containing juice or carbonated beverage)</i>			
<input type="checkbox"/> Special health needs (please specify)			
Are any other service providers treating this child/family?			
REFERRED BY (Health Provider)			
Name and Title:			
Department:		Email:	
Telephone:		Fax:	Date:
Additional information:			
Signature:		Date:	
FAX this form to relevant Dental Services:			
Port Macquarie Dental Clinic FAX: 02 6588 2782	Kempsey Dental Clinic FAX: 02 6562 0379	Coffs Harbour Dental Clinic FAX: 02 6656 7832	
Oral Health Customer Service Line – 1300 65 1625			