|  |  |
| --- | --- |
| **Patient details** | |
| Name of adult |  |
| What does the adult like to be called |  |
| Date of birth |  |
| Gender |  |
| NHS number (if known) |  |
| Address |  |
| Name of carer if applicable |  |
| Contact telephone number of carer if applicable |  |
| Email address of carer if applicable |  |
| Relevant Medical History |  |
| Relevant Dental History including recent urgent care provision |  |
| Translator Required  If Yes – Language required: | Yes  No |
| Communication requirements |  |
| Is the Adult | Clinically Vulnerable?  Yes  No  Has Tooth Surface Loss?  Yes  No  Has Dementia?  Yes  No  Is Homeless?  Yes  No  Has /Is Smoking, Alcohol or Drug dependant, weight management?  Yes  No  Has Diabetes?  Yes  No |
| **Details of Adults registered GP**  Name  Practice Address  Phone number  Email address |  |
| **If applicable:**  **Details of the social worker/other key worker who is supporting the Adult?**  Name  Title/role  Address  Phone number  Email address |  |

**Referrer Details**

|  |  |
| --- | --- |
| Name of referrer and role |  |
| GDC number |  |
| Contact details:  Address  Telephone number  Secure email address (nhs.net or gov.uk) |  |

**Please Tick to Confirm**

The patient does not currently regularly see an NHS Dentist.

Person with parental responsibility consents to share personal information with the dental practice accepting the referral.

For patients under 16 years, person accompanying the patient will be able to give consent for treatment (if not possible please describe the arrangements for consent in the space  below).

Parent/carer understands that if the CYP fails to attend their dental appointment or contact cannot be made, the dental practice may share this information for safeguarding purposes

**Produced July 2024**

**Please email completed forms to** [**mydentist.Keighley@nhs.net**](mailto:mydentist.Keighley@nhs.net)