**PDS Special Care Hub – 0141 314 6669** **gg-uhb.publicdentalspecialcare@nhs.net**

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| **GDS Triage Referral Form**  |
|  | Date : Time :  |
| Patient Name :Male [ ]  Female [ ]   |  |
| Patient Address (inc postcode) : |  |
| Patient Contact Number : |  |
| Date of Birth : |  |
| CHI No (if known) : |  |
| Name of Referring Dentist : |  |
| Practice Address : |  |
| Dentist Contact Number : |  |
| Reason for Referral/Treatment Required:(Brief outline of clinical picture) | Diagnosis and tooth:Outcome : Extraction [ ]  Extirpation [ ]  Other [ ]  …………………………………. |
| Relevant PMH : Is the patient over 28st (177kilos) YES [ ]  NO [ ]   |  |
| Meds : |  |
| Allergies : |  |
| Has patient been given Advice/Analgesia/Antimicrobials ?YES [ ]  NO [ ]  | Give details and dates : |
| Are radiographs or photos available and attached ?YES [ ]  NO [ ]  | Give details and dates : |
| Is the patient in a high risk group for becoming seriously ill ?(see SDCEP document) | YES [ ]  NO [ ]  Is the patient shielding YES [ ]  NO [ ]  |
| COVID-19 screen | Does the patient or anyone they live with, have: Cough [ ]  Fever [ ]  No symptoms **[ ]**  |
| Escort : YES [ ]  NO [ ]  | Does the escort have symptoms of COVID-19 ? YES [ ]  NO [ ]  |
| Additional Notes : |  |
| **Section below for PDS use only** |  |
| Receiving Clinician : |  Date : Time : |
| Has the patient to be appointed to clinic ?  | YES [ ]  NO [ ]  If No : Prescription Issued [ ]  Other (give details) [ ]   |
| If Yes ;  | Allocated to :Diagnosis and Tooth :Treatment Provided : Extraction [ ]  Extirpation [ ]  Specialist Referral [ ] Other (give details) [ ]  |