

Appendix 1; Standardised Referral Form

Specialist Periodontal Service Referral Form

<p>Patient Name and Address: <i>(Please check with patient if this is correct)</i></p> <p>Postcode: Daytime telephone: Mobile: E-mail:</p> <p>Patient DOB: Date of Referral:</p> <p>Referred to: Brace <input type="checkbox"/> Waterside <input type="checkbox"/></p>	<p>Referring Practitioner (Stamp)</p> <p>Signature of Dentist:</p> <p>Name and Address of General Medical Practitioner:</p>
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<p>High quality, relevant radiographs enclosed <input type="checkbox"/> <i>(mandatory)</i></p>	<p>Oral Hygiene: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/></p>	<p>BPE Score in Each Sextant</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						

Reason for Referral *(Please tick the appropriate box)*

Patient has BPE scores of 4 in at least one sextant and a medical factor affecting the periodontal tissues or complicated root morphologies/anatomical factors or a modifying factor (see Modifying Factors on page 2)

Patient has BPE scores of 4 in a least one sextant and has not responded to previous periodontal treatment

Patient has aggressive periodontitis based on the severity of disease for age or rapid rate of periodontal breakdown (> 2mm attachment loss/year)

Patient requires surgical procedures involving tissue augmentation, bone removal or implants

Other reason (Please specify).....

Modifying Factors (Please tick the appropriate box)

Patient has a medical factor directly affecting the periodontal tissues (i.e. diabetes, medication) or adverse drug effects)

Regular smoker or paan user

Other (Please specify).....

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Relevant Medical History (e.g. history of head/neck radiotherapy, immune-compromised or immune-suppressed patient, bleeding disorders, or drug interactions)

Preliminary Periodontal Treatment Carried Out by GDP (No referral will be accepted unless the patient has been provided with initial treatment and supportive therapy)

PCT charge collected (£): Yes Amount £ _____ No Exempt

Provider Use Only

Returned (inappropriate referral)

Referred to hospital

Date of first Appointment

Dates of Treatment

2nd visit

3rd visit

4th visit

5th visit

6th visit