

GDP REFERRAL FORM

Date of referral		Patient's Date of Birth		Gender (please tick)	Male	Female

Patient's Surname		Patient's Forename	
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Contact Address House Name or number and street name.			
Town of City		Postcode	

Daytime Phone		Mobile Phone	
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Does your patient need to communicate in a language or mode other than English? If yes please specify.	
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<u>GDP Stamp / Address</u>	
Telephone number	

I confirm that this referral meets the Dental Academy referral criteria (please note we cannot accept patients who weigh in excess of 21 stone/135 KG).
Please tick to confirm
<input type="checkbox"/>

I confirm I have informed the patient of the reason for referral and that treatment will be undertaken by students and it is not undertaken by specialists
Please tick to confirm
<input type="checkbox"/>

Print Name (Dentist)	
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Signed (Dentist)	
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Radiographs are needed for Periodontics, extraction and endodontic referrals

Please give details of radiographs sent and radiograph reports:

Please consult our referral criteria before completing details below.

(Click on the link below to see referral criteria) <http://www2.port.ac.uk/dental-academy/gdpreferrals/>

Please tick the relevant referral type and complete the details.

PERIODONTICS		please tick							
Reason for referral (with reference to published criteria)	Diagnosis of periodontal disease (based on BSP staging and grading criteria): Smoking history: Oral hygiene regime:								
BPE <table border="1" style="width: 100%; height: 40px;"> <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>							Previous history of periodontal treatment: <u>Prescription for the treatment to be undertaken by DCP students:</u>		
EXTRACTION		please tick							
Reason for referral (with reference to published criteria)									
Relevant medical history:	Past extraction history:								
RCT		please tick							
Please specify tooth to be treated:	Reason for referral (with reference to published criteria):								
	Dental history of tooth to be treated:								
Please provide details of current on-going treatment: 									

Please send completed forms to: GDP Referrals, Dental Academy Reception, William Beatty Building Hampshire Terrace, Portsmouth PO1 2QG. Any queries please telephone: 02392 845276