

# DENTAL REFERRAL PROFORMA

If referring to Liverpool University Dental Hospital, please check referral guidelines on website

[www.rbuht.nhs.uk/dental](http://www.rbuht.nhs.uk/dental)

<b>Specialty Referring To:</b>				<b>Date of Referral</b> DD/MM/YYYY						2	0		
<b>Patient Details</b>													
Surname				Forename(s)				Title					
Previous surname(s)													
Date of Birth:			Age:		Gender:			NHS No:					
Address				Home tel no:									
Postcode:				Mobile/daytime contact no:									
NB: contact numbers must not be 'call barred'													
<b>Referring GDP Name:</b>						<b>Signature:</b>							
Dental Practice Address:						Tel No:							
						Fax No:							
<b>GMP Name:</b>						Medical Practice Address:							
GP Code (if known)													
Tel No:													
Fax No:													
Overseas/temporary visitor: YES/NO			Disability: YES/NO			Ethnic Group:							
Interpreter required: YES/NO			(if Yes, see below)										
Language:			Transport required: YES/NO										
<b>Referral for:</b>		Consultation only <input type="checkbox"/>		Consultation and Treatment <input type="checkbox"/>									
<b>Provisional Diagnosis/Reason for Referral:</b>													
<b>History of present complaint and any treatment already undertaken:</b>													
<b>Past Medical History including any Additional Needs:</b>													
<b>Medication:</b> (attach list if necessary)						<b>Allergies:</b> YES/NO							
						<b>Details:</b>							
<b>Relevant Dental, Social or Family History:</b>													
<b>Does the patient smoke any tobacco products?</b>						YES/NO							
<b>Does the patient chew tobacco, pan or supari?</b>						YES/NO							
<b>Does the patient drink alcohol?</b>						NO/YES – no of units per week <input type="checkbox"/>							

Referral forms should be posted to: Medical Records Dept, Dental Hospital, Pembroke Place, Liverpool L3 5PS, or faxed to 0151 706 5807. Do not send duplicate referrals (ie refer by post or fax, but not both).