Please send referrals to;
Central Community Health Centre,
Community Dental Clinic
Westmoreland Road, Douglas,
Isle of Man IM1 4QA
Tel; 01624 642785 Fax 642392
E-mail referrals to: specialcaredental@gov.im

manx care
Kiarail Vannin

Any fields marked with an asterix * must be completed or it will be returned to the referrer. Please can the referral advise patients that they may be liable for NHS dental charges

Community Dental Service Referral Form

1.Patient Details							
Title*			Referral date*				
Surname*			Gender* (✓)	M		F	
First name(s)*			Date of birth*				
Address*							
Postcode*		Nationality					
Telephone*		Interpreter Req?	Y/N		Language		
Email Address*							
Main Carer Details							
Full Name							
Address							
Telephone		Relationship to Patient					

2. Referrer Details	
Name*	
Work address*	
Tel* (Work)	
Job title	
Email address	

3. Patient General Dental Practitioner (GDP) Details			
Patient does not have a dentist (✓)		I am the referring dentist (✓)	
Name*			
Practice Address* (Practice stamp)			

4.Dental Treatment (For GDP Referrals)	
What dental treatment does the patient need?*	
What ways did you try to manage the patient?* Please tick which apply.	
Introduction with prevention only (tooth brushing instruction / fluoride varnish/ sealants)	
Introduction to operative treatment with prophylaxis	
Acclimatisation appointments	
What Difficulties were encountered?*	

5. Main Reason for referral*							
Disability (✓)		Medical (✓)		Mental Health (✓)		Dental Phobia (✓)	

5.1 Disability Information			**Details**
Ability to Communicate? (✓)	Partially Impaired		
	Severely Impaired		
Ability to leave the home? (✓)	Yes		
	No		
Ability to transfer to the dental Chair (✓)	Yes		
	No		
Has Capacity to consent? (✓)	Yes		
	No		
	Partially		

5.2 Medical History Information* (All Referrals)						
Have you attached a medical history? (✓)	Y		N		Reason	

5.3 Mental Health Information
Please provide Mental Health Diagnosis

Radiographs Enclosed (✓)	Y		N		Reason	
Date Radiographs Taken						
6.0 Referrers Signature						