SA Dental
HOMELESSNESS AND ORAL HEALTH PROGRAM REFERRAL FORM

Government of South Australia

CLIENT DETAILS

Name.....**Date of Birth**.....**Ph**.....

Address.....

Centrelink Concession Card **Yes** ☐ **No** ☐ **Card Number**.....**Exp. Date**.....

Important Information About Contacting Client (e.g. privacy issues, custody arrangements, other)

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RELEVANT MEDICAL DETAILS

Reported Medical Diagnoses.....

Reported Allergies.....

Reported Current Medications.....

Risks Which May Impact Dental Treatment (e.g. agitation, anxiety, aggression, need for interpreter, other)

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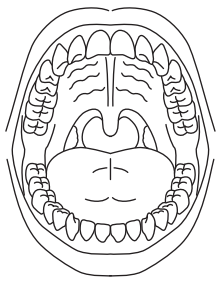
REASON FOR DENTAL REFERRAL

URGENT/EMERGENCY ☐	**NON URGENT/GENERAL** ☐	**If possible, please mark area of concern**
Severe current **facial swelling** ☐ **Trauma** to teeth, face, jaw ☐ **Uncontrollable bleeding** from the mouth ☐	Painful tooth, mouth ☐ Difficulty eating, sleeping, speaking ☐ Denture problem ☐ Lost filling ☐ Chipped tooth ☐ Bleeding gums ☐ Dental check-up ☐	 R L
Does the client have: Own teeth ☐ Part or full denture ☐		

Has the client attended a dental clinic in the last 24 months? If yes, where?.....

In the case of an **urgent/emergency** (as above) during business hours (8:30am - 4:30pm M-F), please ph: (08) 7117 0058 or (08) 7117 0060 as well as emailing referral form to HealthSADSServicePlanning@sa.gov.au. In the case of an after hours **urgent/emergency**, client should attend Emergency Department at the RAH or local hospital.

CONSENT INFORMATION

Consent for dental treatment to be obtained from **Client** ☐ **Guardian** ☐ **Other** ☐

Name of guardian or other person providing consent.....

To be signed by client (or other person providing consent).....**I** (name).....**consent to the infomation on this form being shared with the dental treatment provider**

Client/guardian's signature.....**Date**.....

CLIENT REFERRED BY:

Name.....**Referral Agency** .....

Phone.....**Email**.....**Signature**.....**Date**.....

EMAIL REFERRAL TO:

SA Dental
Homelessness and Oral Health Program Team
HealthSADSServicePlanning@sa.gov.au
Phone: (08) 7117 0058 or (08) 7117 0060
Fax: (08) 7117 0014

SA DENTAL USE ONLY

Client referred to: CDS ☐ .....
ADH ☐ .....
Private Practice ☐ .....

SA Dental approval number for private practice

1 1 6 7 __ __ __ __ __ __ **Date**.....