



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, residing in SRF, other)

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)

REASON FOR DENTAL REFERRAL

URGENT/EMERGENCY

Severe current facial swelling Trauma to teeth, face, jaw Uncontrollable bleeding from the mouth

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 Health.SADentalPrograms@sa.gov.au
In the case of an after hours **urgent/emergency**, client should attend Emergency Department at the RAH or local hospital.

DENTURES	NON URGENT/GENERAL	If possible, please mark area of concern
Own teeth <input type="checkbox"/>	Painful tooth, mouth <input type="checkbox"/>	
Part denture <input type="checkbox"/>	Lost filling <input type="checkbox"/>	
Full denture <input type="checkbox"/>	Chipped tooth <input type="checkbox"/>	
Denture problem <input type="checkbox"/>	Bleeding gums <input type="checkbox"/>	
	Dental check-up <input type="checkbox"/>	

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 information 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

Health.SADentalPrograms@sa.gov.au

Phone: (08) 7117 0060

SA DENTAL USE ONLY

Client referred to: CDS
ADH
Private Practice

SA Dental approval number for private practice

1 1 6 7 OFFICIAL: Sensitive — — — Date.....