



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 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.

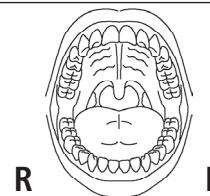
DENTURES

NON URGENT/GENERAL

If possible, please mark area of concern

Own teeth ☐
Part denture ☐
Full denture ☐
Denture problem ☐

Painful tooth, mouth ☐
Lost filling ☐
Chipped tooth ☐
Bleeding gums ☐
Dental check-up ☐



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

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

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
OFFICIAL: Sensitive — — — Date.....