**Specialist Periodontal Services Referral**

**Charles Clifford Dental Services Referral Form**

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| Patient name Click here to enter text.Title Click here to enter text. Female ☐ Male ☐  Date of Birth Click here to enter text.  AddressClick here to enter text.  Post code Click here to enter text.  Home Telephone Click here to enter text.  Mobile Click here to enter text.  NHS number Click here to enter text. | Referrer name Click here to enter text.  **V. Code** (Dental Practices) Click here to enter text.  Address Click here to enter text.  Post Code \_Click here to enter text.  Tel No Click here to enter text.  E mail address Click here to enter text. |
| GP Name & Address | |

Date:Click here to enter a date. Interpreter required ☐

LanguageClick here to enter text.

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| **Smoker** ☐  **Vaper/E Cig** ☐  **Cessation advice delivered** ☐  **Referred to cessation advice services** ☐  **Ex smoker ☐**  **Quit Date** Click here to enter a date. | | | |
| **Relevant medical history including medications:** | | | |
| **BPE**   |  |  |  | | --- | --- | --- | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | | | Where BPE code 4 please provide Pre and Post op 6 point pocket charting and radiographs of diagnostic quality of all affected teeth. Prints of digital radiography must be of diagnostic quality. | |
| **Provisional diagnosis & clinical findings** Click here to enter text. | | | |
| **Plaque score %** Click here to enter text. | | **Bleeding score** Click here to enter text. | |
| **Summary of treatment undertaken to date** | Prevention regimen recommended (OHE) detail advice given Click here to enter text.  Brushing Click here to enter text.  Manual ☐ Electric ☐  Interdental cleansing Click here to enter text.  Patient motivated ☐  Is the patient anxious about receiving treatment ☐  Active treatment undertaken:  Full mouth Supragingival Scaling ☐  Subgingival Debridement ☐  Local anaesthesia used ☐  Other Click here to enter text. | | |
| **Please select the reason for referral:**Click here to enter text. | | | |
| Severe periodontal disease (BPE score 4, Stage III/IV) where appropriate primary care treatment has been unsuccessful and plaque score <40% | | | ☐ |
| Rapidly progressing disease (Grace B/C), judge by severity of periodontal destruction relative to age or rate of periodontal breakdown in presence of plaque score <25% | | | ☐ |
| Need for surgical management (e.g. mucogingical procedures for recession, open flap debridement, regenerative procedures, crown lengthening). Photographs are beneficial for such referrals. | | | ☐ |
| Increased risk of periodontal disease due to a medical condition (e.g. poorly controlled diabetes, drug induced gingival overgrowth immunosuppressive therapy, connective tissue disorders) | | | ☐ |
| Risk of complications from periodontal treatment (e.g. bleeding disorders, immunocompromised) | | | ☐ |
| Requirement for complex restorative planning | | | ☐ |
| Other: Click here to enter text. | | | |

Please see link to BSP classification for terminology and implementation: <http://www.bsperio.org.uk/publications/downloads/111_153050_bsp-flowchart-implementing-the-2017-classification.pdf>

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| **Referral checklist** | |
| Radiographs or prints of diagnostic quality of all affected teeth | ☐ |
| Baseline 6 point pocket charts | ☐ |
| Post-op 6 point pocket charts | ☐ |
| Plaque & bleeding scores | ☐ |