

Date

/ /

Title:	Surname	Given name	Date of birth:

Street address	Suburb	Postcode

Phone - Home:	Mobile:	Work:

Country of birth:	Cultural background:

Needs interpreter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language:	
Indigenous status:	<input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/> Not Stated <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander		

Concession Card type:	<input type="checkbox"/> Pensioner Concession Card <input type="checkbox"/> Health Care Card
Concession Card No:	<input type="text"/>
Expiry date:	<input type="text"/>

For Under 18 patients:

Parent/Guardian name(s):			
Relationship to patient:	<input type="text"/>	Phone:	<input type="text"/>
School:			

For patients unable to provide self-consent:

Person Responsible name:			
Relationship to patient:	<input type="text"/>	Phone:	<input type="text"/>
Address:			

Ability to attend appointments at short notice if available due to vacancies:

Within 24 hours Within 1 week No, require more notice

Once complete please return to:

Patient Services Centre
The Royal Dental Hospital of Melbourne
GPO Box 1273L
Melbourne 3001

Dental Teaching Clinic: For clinical criteria, exclusions – click on the treatment type

[General Care](#)
[Dental Therapy](#)
[Dental Hygiene](#)

[Endodontics](#)
[Paediatric Dentistry](#)
[Periodontics](#)

[Prosthodontics – Removable](#)
[Prosthodontics - Fixed](#)

Are you referring this patient to more than one RDHM Clinic?

- No
 Yes – please specify the other RDHM clinic(s) in treatment plan order (e.g 1st, 2nd)

Domiciliary Services	Endodontics	Implant
Oral Medicine – Mucosal	Oral Medicine - Facial Pain & TMD	Oral Maxillofacial Surgery
Orthodontics	Paediatric Dentistry	Periodontics
Prosthodontics - Fixed	Prosthodontics – Removable	Special Needs

Treatment required

Denture:

- | | |
|--|---|
| <input type="checkbox"/> F/F | <input type="checkbox"/> P/P, <input type="checkbox"/> -/P, <input type="checkbox"/> P/-, |
| <input type="checkbox"/> F/-, <input type="checkbox"/> -/F | <input type="checkbox"/> F/P, <input type="checkbox"/> P/F |

Patient's / Person Responsible's main concern / dental needs (in their own words):

Summary of medical history: (please attach patient's current full history)

Notable issues	Summary information				Details attached
Physical or sensory impairment	<input type="checkbox"/> Sight	<input type="checkbox"/> Hearing	<input type="checkbox"/> Physical	<input type="checkbox"/> None known	<input type="checkbox"/>
Intellectual impairment	<input type="checkbox"/> Learning	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Communication	<input type="checkbox"/> None known	<input type="checkbox"/>
Falls Risk / Pressure Ulcers	<input type="checkbox"/> Falls Risk	<input type="checkbox"/> Pressure Injuries		<input type="checkbox"/> None known	<input type="checkbox"/>
Medications	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Self administered		<input type="checkbox"/> None known	<input type="checkbox"/>
Allergies / ADR	<input type="checkbox"/> Allergy	<input type="checkbox"/> Adverse Drug Reaction		<input type="checkbox"/> None known	<input type="checkbox"/>
Other significant risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> None known	<input type="checkbox"/>

Appropriate patients – Dental Teaching Clinic (DTC)

Eligibility and patient information	<ul style="list-style-type: none"> • Patients must be holders of a current concession card or listed as a dependent on a concession card. • Waiting lists may still apply for treatment • Patients should be able to travel to RDHM for treatment between 9 – 5 weekdays. • Patients must be able to attend appointments of up to 3 hours • For continuity of care, patients must have flexibility around the days they are available for treatment and understand university semester breaks may impact appointments. • The patient/carer understands that fees may apply if additional treatment in a specialist area is required. These fees will be discussed with the patient in the specialist area before commencing treatment
Exclusions	<p>Patients identified as suffering from any of the following conditions are excluded from treatment:</p> <ul style="list-style-type: none"> • Severe back, neck and temporomandibular joint pain • Dental phobia • Identified aggressive behavior patterns • A history of complaints regarding dental services

Requirements checklist:	<p>Current Medical history (less than 6 months old) <input type="checkbox"/> sent</p> <p>Current OPG (less than 12 months old) <input type="checkbox"/> sent</p>
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Referring Clinician details:	Phone:
<input type="checkbox"/> Or completed on behalf of	
Please record provider type <input type="checkbox"/> Dentist <input type="checkbox"/> Oral Health Therapist <input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Other	
Clinic mailing address:	

Criteria – by treatment type

General care	<input type="checkbox"/> Patient requires simple restorative, periodontal and preventative care <input type="checkbox"/> Patient requires more complex restorations of posterior teeth
Dental Therapy	<input type="checkbox"/> Patients up to 25 years of age <input type="checkbox"/> Patient requires resoration of permanent or deciduous teeth; extraction of deciduous teeth; preventative care <i>Special Care</i> <input type="checkbox"/> Patients with a mild disability who are still able to be treated in a dental chair
Dental Hygiene	<input type="checkbox"/> Patient requires preventative care including oral hygiene instruction <input type="checkbox"/> Patient requires periodontal therapy excluding surgery (Pockets greater than 5mm; early furcation involvement may need specialist care) <i>Special Care</i> <input type="checkbox"/> Patients with a mild disability who are still able to be treated in a dental chair <input type="checkbox"/> Patient is in need of regular preventative and/or periodontal maintenance
Paediatric Dentistry	<input type="checkbox"/> Patients up to 18 years of age (high demand for under 12 years) <input type="checkbox"/> Patient able to be treated in a dental chair <input type="checkbox"/> Parents must be available to attend each appointment with the child <input type="checkbox"/> Indication of interpreter in patient details section if required
Endodontics	<input type="checkbox"/> All general care should be provided by the referring clinic or within DTC prior to the patient being referred <input type="checkbox"/> Tooth is restorable with a good prognosis <input type="checkbox"/> Tooth can be easily isolated with a rubber dam <input type="checkbox"/> Patient requires simple endodontic treatment- single canal anterior teeth or premolars <input type="checkbox"/> Patient requires treatment for simple multi-rooted teeth- maxillary premolars and first molars
Periodontics	<input type="checkbox"/> Patient requires periodontic treatment (including maintenance treatment) either <ul style="list-style-type: none"> • Specifically; or • As part of a general treatment plan <input type="checkbox"/> Patient requires treatment for simple periodontal disease (sub-gingival calculus, up to 5mm pockets, with no furcation involvement) <input type="checkbox"/> Patient requires treatment for complex periodontal disease not requiring specialist care (periodontal pockets greater than 5mm; can include some with furcation involvement)
Removable Prosthodontics	<input type="checkbox"/> All general care should be provided by the referring clinic or within DTC prior to the patient being referred <input type="checkbox"/> If extractions have been carried out, approximately four months have elapsed since the last extraction in order to ensure stable ridges <input type="checkbox"/> Minimal loss of vertical dimension and normal occlusal plane. Excessive skeletal class II and class III relationships should be avoided. <input type="checkbox"/> Cobalt-chrome dentures <input type="checkbox"/> Acrylic dentures <input type="checkbox"/> Full upper and/or lower dentures have a reasonable amount of bony alveolar ridge. <input type="checkbox"/> Patient requires uncomplicated removable partial dentures (either acrylic or cobalt-chrome), or Full/Full dentures (3 rd year) <input type="checkbox"/> Patient requires more complex removable partial dentures and/or immediate dentures
Fixed Prosthodontics	<input type="checkbox"/> All general care should be provided by the referring clinic or within DTC prior to the patient being referred <input type="checkbox"/> Healthy periodontium, excellent oral hygiene, caries free dentition. <input type="checkbox"/> If non-vital, endodontics completed with good obturation <input type="checkbox"/> Patient requires anterior and/or posterior single crowns without other restorative work <input type="checkbox"/> Patient requires anterior and/or posterior single crowns with other restorative work

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