

Form for Referral of a Child or Young Person (CYP) at high risk of poor oral health to a Doncaster Access and Prevention (Flexible Commissioning) Dental Practice by the health and social care workforce	
<b>PATIENT DETAILS</b>	Please provide information requested
Name of child or young person (CYP)	
What does CYP like to be called?	
Date of birth	
Gender	
NHS number of CYP (if known)	
Address	
Name of parent/carer	
Contact telephone number of parent/carer	
Email address of parent/carer	
Name of Access and Prevention (flexible commissioning) dental practice CYP is being referred to (see page 4 for contact details)	
Preferred appointment day/times	
Is the patient in pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreting and Translation Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes – Language required:	
Communication requirements	
Supporting information/observations of the CYP's oral health needs	
<b>Is the CYP:</b>	
On a Child Protection Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Child Looked After (Looked after child)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supported by Early Help or a Children and Families' Worker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supported by a Healthy Child Team (0-19) practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cared for by the Local Authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Care Leaver (up to age 25)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p><b>Details of the social worker/other keyworker supporting the CYP</b> (e.g. if on a Child Protection Plan or a Looked After Child) Name: Title/role: Address: Phone number: Email address:</p>	
<p><b>Details of CYP's registered GP</b> Name: Practice Address: Phone number: Email address:</p>	
<p><b>REFERRER'S DETAILS</b></p>	<p>Please provide information requested</p>
<p>Name of referrer</p>	
<p>Title/role, team and employing organisation (e.g. Health Visitor/Community Nursery Nurse/ School Nurse/Looked After Child team member etc.)</p>	
<p><b>Referrer's Contact details:</b></p>	
<p>Address</p>	
<p>Telephone number</p>	
<p>Secure Email address (nhs.net or gov.uk)</p>	
<p><b>Please tick to confirm:</b></p>	
<p>The patient (CYP) does not currently see an NHS dentist and is at high risk of poor oral health</p>	<input type="checkbox"/>
<p>Person with parental responsibility consents to share personal information with the dental practice accepting the referral.</p>	<input type="checkbox"/>
<p>For patients under 16 years, person accompanying the patient will be able to give consent for treatment (if not possible please describe the arrangements for consent in the space below).</p>	<input type="checkbox"/>
<p>Parent/carer understands that if the CYP fails to attend their dental appointment or contact cannot be made, the dental practice may share this information for safeguarding purposes</p>	<input type="checkbox"/>

Please email referral form to one of the following Doncaster practices accepting referrals : please title email *FAO Oral Health Champion – Access and Prevention Programme (flexible commissioning) referral*:

Provider	Address	Phone number	NHS link	Flexible commissioning oral health champion	Email address for referrals
Hislop and Wolverson	43 Thorne Road, Doncaster DN1 2EX	01302 349181	<a href="https://www.nhs.uk">Overview - Hislop and Wolverson - NHS (www.nhs.uk)</a>	Michelle Wilson Andrea Spink	<a href="mailto:kate.evans19@nhs.net">kate.evans19@nhs.net</a>
Cantley Dental Centre Limited	2A Green Boulevard, Cantley, Doncaster DN4 6EX	01302 539366	<a href="https://www.nhs.uk">Overview - Cantley Dental Centre - NHS (www.nhs.uk)</a>	Christine Fernandez  Ramesh or Tammy	<a href="mailto:ramesh.sharma2@nhs.net">ramesh.sharma2@nhs.net</a>
Fieldside Dental Practice	16 Fieldside, Thorne, Doncaster DN8 4BQ	01405 812223	<a href="https://www.nhs.uk">Overview - Fieldside Dental Practice - NHS (www.nhs.uk)</a>	Sarah Gravill	<a href="mailto:fieldside.dental@nhs.net">fieldside.dental@nhs.net</a>
Rossington Dental Practice	103 Gattison Lane, Rossington Doncaster DN11 0NS	01302 863091	<a href="https://www.nhs.uk/service/s/dentist/rossington-dental-practice/XV003288">https://www.nhs.uk/service/s/dentist/rossington-dental-practice/XV003288</a>	Sara Hempstock	<a href="mailto:reception.julius@nhs.net">reception.julius@nhs.net</a>
Dental Partners Connisbrough	4 Station Road, Connisbrough, Doncaster, DN12 3DB	01709 862148	<a href="https://www.nhs.uk/service/s/dentist/dental-partners-connisbrough/V003232">https://www.nhs.uk/service/s/dentist/dental-partners-connisbrough/V003232</a>	Sophie Keady	<a href="mailto:genixhealthcare.connisbrough@nhs.net">genixhealthcare.connisbrough@nhs.net</a>