

REFERRAL FORM FOR SURREY COMMUNITY DENTAL SERVICE

Please use Surrey Community Dental Referral Criteria and Guidance Sheets to assist with your referral.

Referrals for Domiciliary care will only be accepted by GMP referral – use separate Domiciliary Referral Form

Email completed forms (from NHS email accounts only) to: Vcl.communitydentalservices@nhs.net

**OR Post to the following address: Surrey Community Dental Referral & Triage Centre
Buryfields Clinic, 61 Buryfields Rd, Guildford, GU2 4AX**

Please complete all sections. Incomplete referral forms will be returned.

Section 1. PATIENT DETAILS:		
Last Name:	First Name:	Title:
Date of Birth:	Age:	NHS No.
Address:	Home Tel No:	
Post Code:	Mobile/daytime Tel No:	
Section 2. GMP DETAILS:		
GMP's Name:		
Practice Address:		
Postcode:		
Section 3. REFERRER DETAILS:		
GP <input type="checkbox"/> GMP <input type="checkbox"/> Care Homes <input type="checkbox"/> Support Worker <input type="checkbox"/> School Nurses <input type="checkbox"/> Social Care Practitioners <input type="checkbox"/>		
Name of Referrer:		
Practice Name & Address:		
Postcode:		
Tel No:		
Email:		
Section 4. CARER DETAILS (If applicable):		
Applicable? Yes/No		
Name & Address:		
Relationship to Patient:		
Tel No:		Mobile No:
Section 5. SIGNIFICANT MEDICAL HISTORY:		
If referring from GP please include a printed Summary of Medical History		
Allergies:		
Medications:		
Relevant Social or Family History:		

