Phobic Referral Form

Please refer to acceptance criteria- https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/02/plymouth-cds-special-care-referral-criteria.pdf

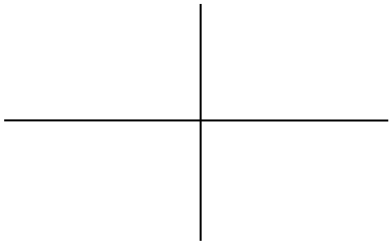
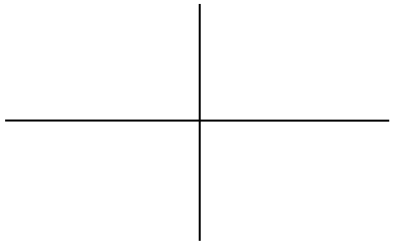
Patient / details			
First Name		Surname	
Sex	☐Male ☐ Female	Date of Birth	
NHS Number		Preferred Language.	
Address:			
Postcode:			
Contact Telephone Number			
Alternative contact number / e-mail			
Occupation:			

Dental Practitioner/ Referring Practitioner:	***General Medical Practitioner.***
Name:	***Name:***
Address:	***Address:***
Postcode:	***Postcode:***
Tel No:	***Tel No:***

Treatment Required

For patients who require sedation for extractions only, please refer to DART for MINOR ORAL SURGERY

Please note we are not commissioned for molar endodontic treatment or advanced restorative care

Extractions	***Restorations***	***Other treatment***
		

Radiographs
Have you attached any radiographs? Yes:☐ No:☐ (any digital radiographs should be clearly printed) If not; please explain why:

Medical History

Is the patient currently receiving any treatment from a doctor?	Y/N	Details:
Do they have any of the following :		
Heart Problems		
High Blood Pressure		
Jaundice/Hepatitis/ Liver/ Kidney Disease.		
Diabetes		
Breathing Problems/ Asthma/ Sleep Apnoea		
Epilepsy		
Allergies		
Radiotherapy or Chemotherapy		
Bleeding Problems		
Is the patient pregnant? **(If so, do not refer)**		
Is the patient over 23 stone/ 147kg- if so refer to bariatric service		
Any other Medical Problems :		

Medicines

Please advise the patient to bring a current list of any medication to the assessment appointment

Is the patient taking any medicines or tablets prescribed by a doctor or self-prescribed including recreational drugs? Please provide details below.

Criteria	Please tick to confirm criteria met
a. Patient is aware of reason for referral for sedation	
b. Patient has expressed severe anxiety/phobia about dental treatment	
c. Patient's anxiety/phobia has prevented them from accepting normal dental treatment	
d. Patient scores 7 or above on Index of Sedation Need (IOSN) questionnaire	
e. IOSN form attached?	
f. You have tried to treat the patient unsuccessfully on at least 2 occasions	

Please explain why the patient requires referral to the specialist dental anxiety/phobia service?	
What have you attempted to help the patient with their dental anxiety/phobia	
What dental prevention/treatment have you already provided for this patient?	
Has the patient agreed to attend any appointments that are made, or cancel them as early as possible	
Is the patient is ready to have their dental anxiety/phobia addressed	
Does the patient understand that they may be managed using a variety of techniques, which may include psychological therapies e.g. cognitive behavioural therapy	
Is the patient willing to be contacted by telephone for initial assessment	
Please advise the patient that a suitable adult carer must be available for the period of the sedation appointment and during the recovery period following. This is an essential criteria for successful acceptance for sedation appointments. Please note that dental treatment provided under sedation will be dependent on the patient compliance when sedated. Limited sedation services are available to patients with high BMI, sleep apnoea and ASA 3.	

Please ensure the patient is made aware that the waiting list time for treatment under sedation will add significant delay to their treatment.

Patient's signature ……Date……

Dentist's signature ……..Date……

Questionnaire - Please complete with patient

Patient's Name _____ **Date** _____

1. **If you went to your Dentist for TREATMENT TOMORROW, how would you feel?**

Not Anxious ☐
Slightly Anxious ☐
Fairly Anxious ☐
Very Anxious ☐
Extremely Anxious ☐

2. **If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?**

Not Anxious ☐
Slightly Anxious ☐
Fairly Anxious ☐
Very Anxious ☐
Extremely Anxious ☐

3. **If you were about to have a TOOTH DRILLED, how would you feel?**

Not Anxious ☐
Slightly Anxious ☐
Fairly Anxious ☐
Very Anxious ☐
Extremely Anxious ☐

4. **If you were about to have your TEETH SCALED AND POLISHED, how would you feel?**

Not Anxious ☐
Slightly Anxious ☐
Fairly Anxious ☐
Very Anxious ☐
Extremely Anxious ☐

5. **If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?**

Not Anxious ☐
Slightly Anxious ☐
Fairly Anxious ☐
Very Anxious ☐
Extremely Anxious ☐

DO NOT SHOW THIS SECTION TO PATIENT - FOR CLINICIAN ONLY

Scoring the Modified Dental Anxiety Scale

Each item is scored as follows:
Not anxious = 1
Slightly anxious = 2
Fairly anxious = 3
Very anxious = 4
Extremely anxious = 5

Total score (please complete) _____

Indicator of Sedation Need (IOSN)

MATRIX TO BE COMPLETED BY THE DENTIST

1. Anxiety Questionnaire (MDAS) Score	
Questionnaire Score is converted to Rank Score	Please circle one
MDAS 5-9 (minimal anxiety)	**1**
MDAS 10-12 (moderate anxiety)	**2**
MDAS 13-17 (high anxiety)	**3**
MDAS 18-25 (very high anxiety)	**4**

2. Medical & Behavioural Indicator Score	Please circle one
No medical or behavioural indicators	**1**
Systemic disorders (not of severity to exclude sedation) that may be exacerbated by treatment Fainting attacks/ hypertension/ angina/ asthma/ epilepsy/ other (please state)	**2, 3, or 4**
Systemic disorders that compromise ability to cooperate Arthritis/parkinsonism/ multiple sclerosis/ other (please state)	
As a rule of thumb ASA II would generally be 2 or 3 and an ASA III would result in a grade of 4	
Gag reflex	
These indicators are not designed to replace your usual full medical history	

3. Treatment Complexity Score This guidance is not exhaustive – if in doubt about score then please score higher value	Please circle one
ROUTINE – Scale, single rooted extraction of 1 or 2 teeth, small soft tissue biopsy, single quadrant restorations, crown preparations or anterior endodontic treatment	**1**
INTERMEDIATE – Scale and root planing, multi-rooted tooth extraction, surgical extraction without bone removal, apicectomy anterior tooth, 2 quadrant restorative, posterior endodontic treatment	**2**
COMPLEX – Periodontal surgery, surgical extraction with bone removal, apicectomy posterior tooth, multiple quadrant restorative, multiple posterior endodontics	**3**
HIGHLY COMPLEX - Any treatment considered more complex than above or are multiples of the above	**4**

SEDATION NEED domain **1 + 2 + 3 scores**		
Total Rank Score	**Source Descriptor**	**Sedation Need**
3-4	Minimal need	No
5-6	Moderate	No
7-9	High need	Yes
10-12	Very high need	Yes