**THIS FORM MUST ACCOMPANY THE RELEVANT ORAL SURGERY REFERRAL FORM**

|  |  |
| --- | --- |
| **PATIENT DETAILS** | |
| **Surname: …………………………………….……………… First name: ……………………..……………… Date of Birth: ………………….………** | |
| **APPOINTMENT INFORMATION** | |
| **Name of Provider to Receive referral ( )** | |
| **FULL PATIENT DETAILS** | **REFERRER DETAILS** |
| **Mr  Mrs  Miss  Ms  Dr ☐ Other**  **Male  Female  NHS Number:**  **Surname:**  **First name:**  **Date of Birth:** | **Mr  Mrs  Miss  Ms  Dr  Other**  **Surname:**  **First name:**  **Job Title:**  **GDC/GMC Number:** |
| **ADDITIONAL INFORMATION** | |
| **Justification for General Anaesthesia request. (tick all that apply)**    **Anxiety**  **Lack of Co-operation**  **Needle Phobic**  **Pronounced Gag Reflex**  **Other Please state** | |
| **DETAILS OF PREVIOUS:**  **DENTAL TREATMENT / ONGOING DENTAL TREATMENT /PREVIOUS SEDATION/PREVIOUS GENERAL ANAESTHETICS** | |
| **Requests for GA need to be justified. It will be considered for multiple quadrant extractions and bilateral third molars. GA Requests for single teeth and unilateral third molar extractions may be refused and offered access to sedation as an alternative. Please provide details of justification of GA request below.** | |
| **ANXIETY SCALE: MODIFIED DENTAL ANXIETY SCALE FOR PATIENTS OVER 12 YEARS**  *Please ask your patients aged 12 and over to complete the MDAS patient questionnaire – see appendix.*    **Total Score = …………….** | |
| **Patients BMI = …………**  *Score see appendix below. BMI assessment is relevant to access for General Anaesthesia.*  *Patients with a BMI over 40 will need to be informed that individual assessment may be required and day case GA may not be available.* | |
| **Is the patient pregnant?** YES  NO | |
| **PATIENT CONSENT TO REFERRAL AND ASSOCIATED TREATMENT** | |
| Has the patient understood and consented to the referral? YES  NO  Patient Signature accepting the condition of referral to be considered for general anaesthesia …………………………………… | |
| **CONFIRMATION AND SIGNATURE OF REFERRING PRACTITIONER** | |
| **I confirm that this patient referral meets the current referral guidelines as issued by the Southwest LDN.**  *(Referral guidelines are available on the LDN website).*  I understand that incomplete and/or inappropriate referrals will be returned for revision and may delay patient treatment. Please note that it is now a mandatory requirement for referrers to provide their GDC or GMC Number on this form.  **Please tick to confirm.** | |
| **Print Full Name:………………………………………………………………………………………………… Date:………………………….................**  **Signature: ………………………………………………………………………………** | |
| **MODIFIED DENTAL ANXIETY SCORE QUESTIONNAIRE**. *Please score patient anxiety questionnaire as below.*  Each of the five answers is scored as follows:  **Not anxious** = 1  **Slightly anxious** = 2  **Fairly anxious** = 3  **Very anxious** = 4  **Extremely anxious** = 5  So, the total Questionnaire Score is a sum of all five items (range 5 to 25)  **Please convert the questionnaire score to a rank score as below and record this on the referral form.**  MDAS 5-9(minimal anxiety)  MDAS 10-12(moderate anxiety)  MDAS 13-17(high anxiety)  MDAS 18-25(very high anxiety) | |

**Please return fully completed forms to:**

**Details for where to refer in your region are found at page 21 onward in the Oral Surgery Referral Guidance Document access from the link** [**Here**](https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/%20%20%20%20%20)

**For Somerset Primary Care DwSI MOS Referrals Indicate requested provider stating “DAC Bridgwater • Frome • Taunton • or Yeovil”**

**If in doubt, contact your local Oral Surgery Provider.**

**If you feel the case is urgent but not suspected cancer, please contact your local provider in person to discuss.**

**For all suspected cancer cases please use the Relevant 2 Week Wait referral form which can be accessed from the link**

[**Here**](https://www.england.nhs.uk/south/info-professional/dental/dcis/forms/)

**CAN YOU TELL US HOW ANXIOUS YOU GET, IF AT ALL, WITH YOUR DENTAL VISIT?**

**PLEASE INDICATE BY INSERTING ‘X’ IN THE APPROPRIATE BOX**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **If you went to your Dentist for TREATMENT TOMORROW, how would you feel?** | | | | | |
|  | *Not*  *Anxious* | *Slightly*  *Anxious* | *Fairly*  *Anxious* | *Very*  *Anxious* | *Extremely*  *Anxious* |
|  | | | | | |
| 1. **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* |
|  | | | | | |
| 1. **If you were about to have a TOOTH DRILLED, how would you feel?** | | | | | |
|  | *Not*  *Anxious* | *Slightly*  *Anxious* | *Fairly*  *Anxious* | *Very*  *Anxious* | *Extremely*  *Anxious* |
|  | | | | | |
| 1. **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* |
|  | | | | | |
| 1. **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* |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions for scoring (remove this section below before copying for use with patients)**

The Modified Dental Anxiety Scale. Each item scored as follows:

Not anxious = 1

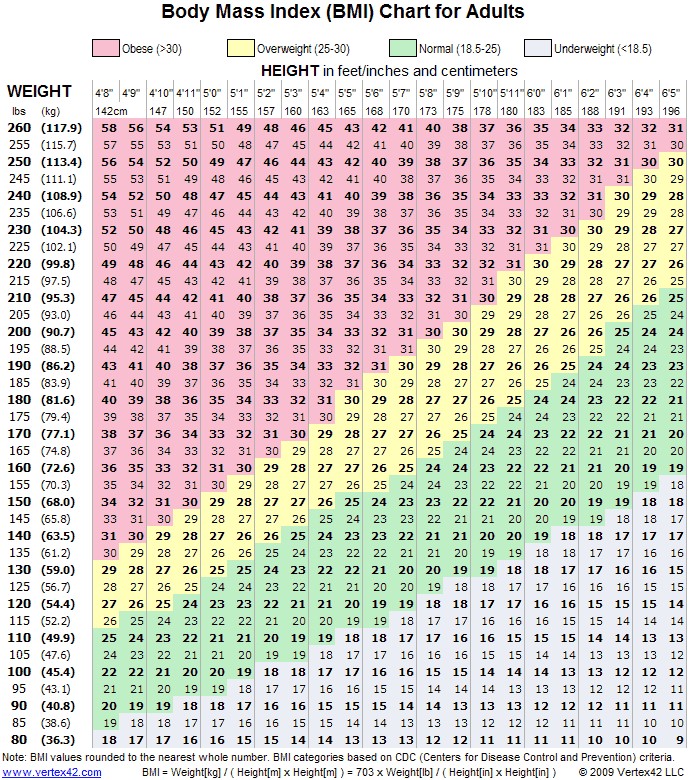
Slightly anxious = 2

Fairly anxious = 3

Very anxious = 4

Extremely anxious = 5

Total score is a sum of all five items, range 5 to 25: Cut off is 19 or above which indicates a highly dentally anxious patient, possibly dentally phobic.



Link to NHS BMI Calculator [**Here**](https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/)