ORTHODONTIC ASSESSMENT AND TREATMENT REFERRAL FORM PART 1 – PATIENT DETAILS

** indicates mandatory field. Please note forms not correctly completed will be returned and not processed Referral for advice accepted where clinically justified, not at patient/parent request.*
Please include as much information as possible (including any models, radiographs and photographs).

Section 1. Practice / referrer Information - *Complete for ALL REFERRALS*			
Today's date*	Click or tap here to enter text.	**Date of decision to refer***	Click or tap to enter a date.
Referring GDP name*	Click or tap here to enter text.	**GDC number**	Click or tap here to enter text.
Referring GDP Signature*	Click or tap here to enter text.	**NHS.net address (where available)**	Click or tap here to enter text.
Practice Referrer Address*	Click or tap here to enter text.		
Postcode*	Click or tap here to enter text.	**Telephone number***	Click or tap here to enter text.

Section 2. Patient Information - *Complete for ALL REFERRALS*					
Title*	Click to enter	**First Name***	Click to enter	**Surname***	Click to enter
Date of Birth*	Click to enter dob	**Age***	Click to enter	**Gender***	Click or tap here to enter text.
Patient Address,	Click or tap here to enter text.				
Postcode*	Click or tap here to enter text.	**Telephone (mobile)***	Click or tap here to enter text.		
NHS number	Click or tap here to enter text.	**Patient e-mail address**	Click or tap here to enter text.		
Social/Medical history information (including carer):		**Current dental/oral health and relevant dental history**			
Click or tap here to enter text.		Click or tap here to enter text.			
Prevention has been provided in accordance with 'Delivering Better Oral Health Toolkit'					☐
Bitewing radiographs taken as appropriate & treatment planned/completed					☐

Section 3: Pre-referral checklist – *Complete for ALL REFERRALS (all domains must be ticked unless as outlined below)*	
Patient is under 18 years old on the date of referral *	☐
Relevant are radiographs enclosed (e.g. DPT)	☐
Patient has stable Oral Health and Oral Hygiene suitable for Orthodontic Treatment#	☐
Patient is in or close to the Permanent Dentition #	☐
Patient has not had a previous course of comprehensive NHS Orthodontic Treatment	☐
*** Patients over the age of 18 can be referred to Secondary care for an opinion on multidisciplinary management**	
# If unable to tick this box, consider if suitable for referral for advice/early management only, or if more appropriate to delay referral until dental health assured or further dental development has occurred	

Section 4. Referring for advice only/early treatment? - *Complete this section*	
Trauma risk (Increased overjet with lip trap/incompetent lips)	☐
Disturbed / abnormal eruption sequence / Supernumerary teeth	☐
Advice regarding interceptive extractions (e.g. first molars of poor prognosis)	☐
Anterior or posterior crossbite with displacement	☐
Impacted teeth including 'submerging' deciduous molars (or permanent canines not palpable at age 10)	☐
Other (**MUST** give details here): Click or tap here to enter text.	

Section 5. Referring for comprehensive orthodontic treatment? - *Complete this section*	
Patient is motivated to undergo Orthodontic Treatment	☐
Patient/Parent understand responsibilities including attending regular appointments	☐
Patient/Parent understand final eligibility will be determined by the Orthodontist	☐
Patients main concern/orthodontic concern: Click or tap here to enter text.	

Section 6: IOTN – *Complete for ALL REFERRALS (note: below is not a complete list)*			
IOTN Dental Health Component (DHC)	**IOTN 5**	**IOTN 4**	**IOTN 3***
Unerupted and Impacted/Ectopic Teeth	☐		
Hypodontia, in any one quadrant (not 8's)	> 1 tooth missing ☐	Only 1 tooth missing ☐	
Overjet	> 9mm ☐	> 6mm but <=9mm ☐	> 3.5mm but <=6mm ☐ With Incompetent Lips
Reverse overjet (-)	> 3.5mm ☐	> 1mm but<3.5mm ☐ Masticatory/Speech problems	> 1mm but<3.5mm ☐ No Masticatory/Speech problems
Anterior or posterior buccal Crossbites		> 2mm slide ☐ From RCP to ICP	> 1mm but<2mm slide ☐ From RCP to ICP
Lingual crossbite		No occlusal contact in 1 or both buccal segments ☐	
Contact point displacements between teeth		> 4mm ☐	> 2mm but <4mm ☐
Anterior open bite (AOB)		AOB > 4mm ☐	AOB > 2mm but<4mm ☐
Increased and complete Overbite		**with** gingival /palatal trauma ☐	**without** gingival /palatal trauma ☐
Alternatively, please provide IOTN (DHC) Score: **** Include Aesthetic Component if IOTN category 3 or below (full guide in BOS Easy IOTN App) :***Click or tap here to enter text.			
Please note IOTN below 3, or 3 with an aesthetic component of <6 would not meet the eligibility threshold for NHS Orthodontic Treatment			

Section 7. Referring into Secondary Care? – *Also complete this section for all secondary care referrals*				
Advice only / early referral				☐
Treatment planning, (for providers with an NHS orthodontic contract)				☐
Complex malocclusions /Multidisciplinary orthodontic treatment.	*Unerupted and Impacted/Ectopic Teeth*	☐	*Severe jaw discrepancy/Facial Deformity*	☐
	Hypodontia	☐	*Cleft Lip and Palate*	☐
Other/ Further details: Click or tap here to enter text.				

Section 8 - Referral target – Please read Section 9, prior to making your decision (please note: incomplete or inappropriate referrals will be rejected)		
Specialist Practice (Primary care	☐	Enter name of desired provider here: Click or tap here to enter text.
Community Dental Service (Northumbria Healthcare NHS Trust ONLY)	☐	
Hospital services (Secondary care)	☐	

Section 9 : Referral target guidance – Please read before making a referral:	
Specialist Practice (Primary care)	Patients who are under 18 and in or close to the permanent dentition, who qualify for NHS Orthodontic Treatment (e.g. Any IOTN DHC 4. A small proportion of IOTN DHC 3 qualify when the Aesthetic Component is 6 or greater). Interceptive advice and treatment can also be offered.
Community Dental Service (Primary care)	Patients meeting the criteria for Primary Care above, but additional priority for patients with problems accessing care due to social, medical or geographic reasons. Please check with your local provider prior to referral.
Hospital service (Secondary care):	No specific age restrictions. Referrals are accepted for interceptive advice and treatment, and multidisciplinary treatment (e.g. Impacted teeth, hypodontia, skeletally based malocclusions, orthognathic surgery). IOTN 5's are most likely to be considered appropriate for referral to secondary care. Other IOTNs may be accepted if multidisciplinary care is required, or for teaching purposes.