

PAGE ONE IS FOR CHILD HEALTH STAFF USE ONLY

It is **essential** that this completed form is sent to the appropriate Oral Health Lift the Lip Coordinator for administrative purposes ASAP. Please use the buttons on page 2 of this form once you have completed all fields.

Child Health staff to complete once consent received (or alternatively, affix patient identification label in the space below):

Today's date

(affix patient identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: M F I

Child's details:

URN:

Family name:

First name:

Date of birth:

Does the child identify as Aboriginal, Torres Strait Islander or South Sea Islander? No Yes >

<input type="checkbox"/>	Aboriginal
<input type="checkbox"/>	Torres Strait Islander
<input type="checkbox"/>	South Sea Islander
<input type="checkbox"/>	Not stated

Residential address:

Sex: M F I

Is an interpreter required? No Yes

Language

Visit: 6 weeks 4 months 6 months 9 months 12 months 18 months
 2 years 3 years 4 years 5 years Other:

Does the child have any siblings?

No Yes Number of siblings: Age and first name of each sibling:

Parent/carer details:

Full name:

Mobile phone number:

Home/work phone number:

Email address:

Referring professional details:

Full name:

Clinic:

Additional information (300 character limit):

Risk

Low risk High risk

Metro North and Metro South Oral Health Services welcome all children 0 to 17 years of age referred by CYCHS - Child Health Service. For more information contact Oral Health Services. Phone: 1300 300 850 www.health.qld.gov.au/metronorth/oral-health

A joint initiative between Metro North and Metro South Hospital and Health Services and Children's Health Queensland.

Feedback to referring Clinical Nurse

Thankyou for referring:

Full name:

Seen on (date):

Course of Care Completed.
An assessment was conducted and the following treatment provided:

- Fillings
- Extractions
- Preventative care/Oral Health instruction and advice
- No further treatment was required

Course of Care NOT Completed.
An assessment was conducted and the following treatment provided:

- Fillings
- Extractions
- Preventative care/Oral Health instruction and advice

However, the patient has failed to attend all appointments. Despite several attempts to reschedule treatment this course of care has not been completed.

The patient did not attend/ the appointment was cancelled and no assessment has been provided.

Uncontactable.
Please re-refer if needed.

Additional information (300 character limit):

Full name:

is now recorded in our system and we will issue a recall examination reminder. Thank you again for referring this patient.

Emailed to lifthelip@health.qld.gov.au OR MetroSouth.LiftTheLip@health.qld.gov.au

Oral Health Clinician:

Dental Clinic:

Click a button below to email this referral form to the appropriate the Lift The Lip Coordinator:

Metro North Oral Health

Metro South Oral Health

Re-set Form

Print Form