

## Periodontist Referral Form

Patient name  Title  Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>  Date of Birth  Address:  Post Code  Home Telephone  Mobile	Referrer name  Practice Name  Address  Post Code  Tel No  Email Address									
GP Name & Address										
Date:										
<p><u>Pre-Referral Checklist</u> (<i>Tick as appropriate</i>)</p> <p>Prior to referral for periodontal treatment, where indicated, please tick which of the below has already been completed.</p> <p><input type="checkbox"/> Oral health education, including the use of interproximal cleaning aids.</p> <p><input type="checkbox"/> Subgingival professional mechanical plaque removal with the use of local anesthetic where necessary</p> <p><input type="checkbox"/> <u>Pre and post-operative</u> 6-point pocket charts, bleeding index and plaque index</p> <p><input type="checkbox"/> Diagnostic quality radiographs of all affected teeth</p> <p><input type="checkbox"/> Smoking cessation advice or referral to cessation services (if appropriate)</p> <p><input type="checkbox"/> Treatment to stabilize any other primary disease</p>										
<p><b>Medical History</b> (Including conditions, medications and allergies)</p>										
<p><b>Details of treatment undertaken to date</b></p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">BPE</th> </tr> <tr> <td style="width: 33%; height: 30px;"></td> <td style="width: 33%; height: 30px;"></td> <td style="width: 33%; height: 30px;"></td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>		BPE								
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<b>Provisional Periodontal Diagnosis</b>  <b>Periodontitis:</b> <b>Extent</b> (Localised/ Generalised):  <b>Staging</b> (I-IV):  <b>Grading</b> (A-C):  <b>Stability</b> (Stable/In Remission/Unstable):  <b>If other diagnosis please complete 'Risk Factors' and 'Reason for Referral' sections.</b>		<b>Risk Factors:</b> <input type="checkbox"/> <b>Smoker/Vaping</b> (How many, and for how long?)  <input type="checkbox"/> <b>Systemic Disease</b> (Osteoporosis/Rheumatoid Arthritis/HIV/Leukaemia/Metabolic Syndromes)  <input type="checkbox"/> <b>Local Risk Factors</b> (Complex root anatomy, inadequate restorations/malocclusion)  <input type="checkbox"/> <b>Diabetes</b> (Well controlled, or uncontrolled?)  <input type="checkbox"/> <b>Family History</b> of Periodontal Disease	
<b>FMPS/Plaque Score %</b> (For engaging patients this should be <30%)		<b>FMBS/Marginal Bleeding/Bleeding Score %</b> (For engaging patients this should be <30%)	
<b>Bleeding on Probing %</b>			

**Reason for Referral** (*Tick as appropriate*):

- ☐ Severe periodontal disease (Stage III/IV) where primary care treatment has been unsuccessful and plaque score <30%, non-responding sites, worsening sites, deep residual pockets, suppuration
- ☐ Rapidly progressing periodontal disease (Grade C), judged by severity of periodontal destruction relative to age or rate of periodontal breakdown in presence of plaque score <30%
- ☐ Need for surgical management (e.g. mucogingival procedures for recession, open flap debridement, regenerative procedures, crown lengthening). Photographs are beneficial for such referrals.
- ☐ Increased risk of periodontal disease due to a medical condition (e.g. poorly controlled diabetes, drug induced gingival overgrowth, immunosuppressive therapy, connective tissue disorders, systemic disease)
- ☐ Risk of complications from periodontal treatment (e.g. bleeding disorders, immunocompromised)
- ☐ Peri-implantitis
- ☐ Requirement for complex Restorative treatment planning
- ☐ Specialist opinion only
- ☐ Other:

**Conditions of Referral**

By making this referral, I understand that:

- I will continue to see my patient for routine and emergency dental care
- If my patient is deemed non-engaging, they will not be taken on for treatment
- I may be asked to undertake some aspects of the treatment plan through a shared care approach
- Upon completion of treatment, the patient will be discharged back to me for ongoing supportive periodontal care