Appendix 5

NHS

DENTAL SEDATION REFERRAL FORM   Urgent ☐ Routine ☐

Please complete both sides and every section of this form and retain a copy for your records. Incomplete referrals will be returned.

PATIENT DETAILS

Full name: ……………………………………………………………………………………………

Parent / Guardian: ……………………………………………………………………………

Date of birth: …………………………………………………………………………………

Mobile tel. no.: ………………………………………………………………………………

Daytime tel. no.: ……………………………………………………………………………

Parent's/Patients' address:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

From:

Referring Dentist:

Name & Address Practice Clinic ……………………………………………………………………

………

Tel. no. ……………………………………………………………………………………………

Fax no. ……………………………………………………………………………………………

Email: ……………………………………………………………………………………………

Signature: ………………………………………………………………………………………

Date: ………………………………………………………………………………………………

PATIENT'S MEDICAL PRACTICTIONER

GP: ……………………………………………………………………………………………………

Tel. no.: ……………………………………………………………………………………………

GP Practice: ……………………………………………………………………………………

Fax no: ……………………………………………………………………………………………

JUSTIFICATION FOR REFERRAL (tick all that apply)

Anxiety ☐
Lack of co-operation ☐
Needle phobic ☐
Prolonged or unpleasant treatment ☐
Increased gag reflex ☐
Other please state ……………………………………………

Please state Facial Image score for children under 12 years……………………

Please state modified dental anxiety score (MDAS) 12+ years …………………

Please confirm you have read the NHS sedation referral criteria and are confident that the patient meets the referral conditions ☐

RELEVANT MEDICAL HISTORY – please give details of any medical conditions and medication

DETAILS OF PREVIOUS DENTAL TREATMENT / ONGOING DENTAL TREATMENT /PREVIOUS SEDATION/PREVIOUS GENERAL ANAESTHETIC

TREATMENT REQUESTED

Conservation

Extractions

Any other treatment ____

Please tick all that apply:

Suitable for RA ☐

Suitable for single drug IV sedation ☐

Consultant Supported Sedation ☐

Please indicate if you are happy for us to carry out any other necessary treatment without contacting you prior to treatment ☐

PRE-REFERRAL CHECKLIST – please tick to confirm you have checked the following:

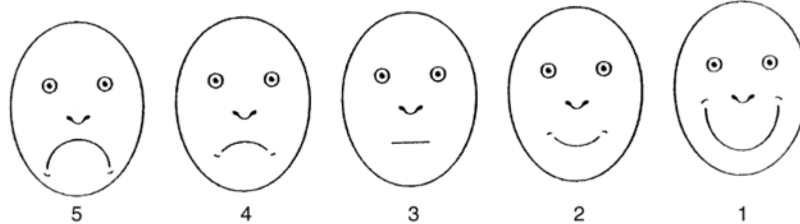
Patient is over the age of 3	YES ☐	NO ☐	
Patient is ASA 1 or ASA II or stable ASA III	YES ☐	NO ☐	
Patient has a BMI > 18 and < 35	YES ☐	NO ☐	
Is patient is pregnant and in pain?	YES ☐	NO ☐	*If Yes, please state trimester of pregnancy:* ………………
Have you discussed the nature of the referral with the patient?	YES ☐	NO ☐	
Have you discussed the risks associated with the sedation?	YES ☐	NO ☐	
Has the patient / parent or guardian understood and consented to the referral?	YES ☐	NO ☐	
Radiographs attached?	YES ☐	NO ☐	
Orthodontic treatment plan letter attached?	YES ☐	NO ☐	
Delivering Better Oral Health prevention programme implemented?	YES ☐	NO ☐	

Assessing anxiety levels in children, young people and adults

Anxiety Scale: Facial Image Scale for children under 12 years

Please ask your patients under the age of 12 years to point to the picture that best represents how they feel about receiving dental treatment.

Please record the score (1-5) on the referral form.



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 1.

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)

Referral Centres

Please tick the referral centre you require, and send your referral to one the below centers.

Tier 1

North Tees ☐
TBC

South Tees ☐
Whitecross Dental Care Limited
The Dental Centre
153 Marton Road
TS4 2EN

County Durham and Darlington ☐
Burgess & Hyder
Wellsprings Business Centre
Durham Road West
Bowburn
DH6 5AU

Tier 2

Address TBC ☐

Appendix 1

MODIFIED DENTAL ANXIETY SCORE QUESTIONNAIRE

To be completed by the patient

Can you tell us how anxious you get, if at all, with your dental visit?

Please indicate by putting a '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* ☐

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* ☐

Humphris GM, Morrison T and Lindsay SJE. The Modified Dental Anxiety Scale: Validation and United Kingdom Norms. *Community Dental Health* 1995; 12:143-150.

Please state your **height** (inches)…………………………….

Please state your **weight** (pounds)…………………………….

Body Mass Index (BMI) Chart for Adults

Obese (>30) | Overweight (25-30) | Normal (18.5-25) | Underweight (<18.5)

HEIGHT in feet/inches and centimeters

WEIGHT		4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
lbs	(kg)	142cm		147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	191	193	196
260	(117.9)	58	56	54	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	32	31
255	(115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30
250	(113.4)	56	54	52	50	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	30
245	(111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29
240	(108.9)	54	52	50	48	47	45	44	43	41	40	39	38	36	35	34	33	33	32	31	30	29	28
235	(106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28
230	(104.3)	52	50	48	46	45	43	42	41	39	38	37	36	35	34	33	32	31	30	30	29	28	27
225	(102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27
220	(99.8)	49	48	46	44	43	42	40	39	38	37	36	34	33	32	32	31	30	29	28	27	27	26
215	(97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
210	(95.3)	47	45	44	42	41	40	38	37	36	35	34	33	32	31	30	29	28	28	27	26	26	25
205	(93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
200	(90.7)	45	43	42	40	39	38	37	35	34	33	32	31	30	30	29	28	27	26	26	25	24	24
195	(88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23
190	(86.2)	43	41	40	38	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	23
185	(83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
180	(81.6)	40	39	38	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21
175	(79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
170	(77.1)	38	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20
165	(74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20
160	(72.6)	36	35	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	19
155	(70.3)	35	34	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
150	(68.0)	34	32	31	30	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	18
145	(65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
140	(63.5)	31	30	29	28	27	26	26	25	24	23	23	22	21	21	20	20	19	18	18	17	17	17
135	(61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16
130	(59.0)	29	28	27	26	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	15
125	(56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15	15
120	(54.4)	27	26	25	24	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14
115	(52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14	14
110	(49.9)	25	24	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	13
105	(47.6)	24	23	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13	12
100	(45.4)	22	22	21	20	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	12
95	(43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11
90	(40.8)	20	19	19	18	18	17	16	16	15	15	15	14	14	13	13	13	12	12	12	11	11	11
85	(38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10
80	(36.3)	18	17	17	16	16	15	15	14	14	13	13	13	12	12	11	11	11	11	10	10	10	9

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria.

BMI = Weight[kg] / (Height[m] x Height[m]) = 703 x Weight[lb] / (Height[in] x Height[in])