Adult

The Rotherham NHS
NHS Foundation Trust

Barnsley Dental Service Referral Form

REFERRALS FOR ADULTS should be made to: Miss H Pontefract or Mrs N Bull
Address: Dental Department, New Street Health Centre, Upper New Street, Barnsley, S70 1LP
Telephone: (01226) 433101 (internal Ext: 3101)

Patient's Details	Referring Care Worker/Nurse/Social Worker/ Nursing Home Details
Surname: Male/Female	Date of Referral:
First Name:	Name of Referrer:
Address:	Address:
Postcode: Date of Birth:	
Tel: Home:	Postcode:
Work/Mobile:	Tel:

Referral Details

Reason for referral to the Community Dental Service:

Relevant medical history/medication:

Associated Risks:

If there are any risks associated with this referral, please give contact details of the person who will provide further information:

Name: ----------------------- Telephone Number: -----------------------

Please initial to confirm:

☐ I confirm that this referral has been discussed with a person who has legal responsibility

☐ I confirm that this referral form may be shown to the person with legal responsibility

Signature of Care Worker/Nurse/Social Worker:	Date: