Urgent Dental Care and Stabilisation (UDCS) programme

Referral to practice / Sussex Dental Helpline

The below table may be copied and pasted into an email to the Sussex Dental Helpline or UDCS practice nhs.net email address where known.

The details below are all relevant and help support timely and effective patient triage, but a referral may be made with lesser information.

*This form may be completed by a health or social care professional or other patient representative, e.g. member of NHS patient liaison team or Voluntary Community and Social Enterprise (VCSE) organisation.*

Patient details and criteria to be emailed to **the Sussex Dental Helpline team on** [kcht.dentalhelpdesk@nhs.net](mailto:kcht.dentalhelpdesk@nhs.net)

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| **Patient details** | |
| **Patient name** |  |
| **Date of birth** |  |
| **NHS number if known** |  |
| **Postcode if known** |  |
| **Patient contact telephone number** |  |
| **Name of any patient representative/parent or guardian** |  |
| **Name of referring clinician or organisation** |  |
| **Contact details of referrer** |  |
| **Clinical presentation** | |
| **Acute pain** |  |
| **Swelling** |  |
| **Other (please provide details)** |  |
| **Any known co-morbidities / allergies** |  |
| **Additional information (more than one category may apply)** | |
| **Child with dental disease without access to regular dentist** |  |
| **Looked after child/child in care (includes unaccompanied asylum seeking children)** |  |
| **Clinically vulnerable patient awaiting further cardiac treatment requiring dental assessment** |  |
| **Clinically vulnerable patient on bisphosphonate medication** |  |
| **Clinically vulnerable** |  |
| **Other clinically vulnerable patient** |  |
| **Care home resident or person with Supported Living arrangement (able to access practice) – indicate if elderly, learning disabled, physically disabled or SMI as relevant** |  |
| **Asylum seeker or refugee/resettled status** |  |
| **Homeless patient (indicate if they hold a valid exemption due to receipt of relevant benefits or valid HC2 certificate)** |  |
| **British Armed Forces veteran, reservist or family member of someone serving/veteran** |  |
| **Member of Gypsy, Roma or Traveller community** |  |
| **Other relevant information to support accessibility** (e.g. exemption status if known, language spoken/interpreting need, female only dentist preferred, bariatric patient, mobility needs, anxiety, known sedation need, active substance misuse, risk of challenging behaviour) |  |