Lift the Lip Oral health referral and advice form

Queensland Government

PAGE ONE IS FOR CHILD HEALTH STAFF USE ONLY

It is essential that this completed form is sent to gcliftthelip@health.qld.gov.au for administrative purposes ASAP.

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 ›

	Aboriginal
	Torres Strait Islander
	South Sea Islander
	Not stated

Residential address:

Sex: M F I Is an interpreter required? No Yes Language

Visit: 6 weeks 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

Gold Coast Oral Health Services welcome all children 0 to 4 years of age referred by Community Child Health.
For more information contact Oral Health Services 1300 300 850

A joint initiative between Gold Coast Hospital and Health Services and Children's Health Queensland. Original artwork courtesy of Metro North Hospital and Health Service.

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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 prescribed:

- ☐ 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.

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 gcliftthelip@health.qld.gov.au

Oral Health Clinician:

Dental Clinic:

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