



Queensland Government

Queensland Health Dental Services Form

To be used for **refugees**

Attach client identification label here
(dental health service use only)

This form is to be used by authorised refugee support agencies to refer refugees who have access to a Health Care Card and are deemed eligible for public sector oral health services.

Client details

Title Family name

Date of arrival into Queensland
 / /

Given names

Health Care Card customer reference number

Date of birth
 / /

Expiry date
 / /

Sex
 Male Female

Has the client given consent to receive oral health services?
 Yes
 No – The client must give consent before a referral is made

Address

Is an interpreter required?
 Yes No
 Female interpreter only
Preferred language

Phone number

Is the client a Queensland resident?
 Yes No

Referral to (name of dental health service)

Reason for referral (urgent care, dental examination etc. Please give detailed clinical, social etc reasons)

Referral from

Name <input type="text"/>	Position <input type="text"/>	Telephone <input type="text"/>
Agency <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Oral Health Services staff only <input type="checkbox"/> Dental assessment appointment made <input type="checkbox"/> Interpreter booked	Appointment date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Staff member name: <input type="text"/>
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DO NOT WRITE IN THIS BINDING MARGIN

QUEENSLAND HEALTH DENTAL SERVICES FORM