



Queensland Government

Queensland Health Dental Services Form

To be used for asylum seekers and former asylum seekers

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

METRO NORTH RESIDENTS
fax this form to 5433 8577

This form is to be used by authorised refugee support agencies to refer asylum seekers without access to a Health Care Card and former asylum seekers who are unable to work due to adverse health conditions with disability and are excluded from accessing a health Care Card. They are deemed eligible for public sector oral health services for the duration of the processing of their application.

Client details

Title Family name

Given names

Date of birth / /

Sex Male Female

Address

Phone number

Date of arrival into Queensland: / /

Asylum seeker status:
 Asylum seeker
 Former asylum seeker
(with long term disability and no Health Care Card)

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

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

Has proof of asylum seeker status been sighted?
 Yes No
Reason not sighted

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"/>

QUEENSLAND HEALTH DENTAL SERVICES FORM

DO NOT WRITE IN THIS BINDING MARGIN

Oral Health Services staff only <input type="checkbox"/> Dental assessment appointment made <input type="checkbox"/> Interpreter booked <input type="checkbox"/>	Appointment date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Staff member name: <input type="text"/>
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