



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