

Consultant:			Date of examination:				<i>Affix addressograph sticker here</i>	
Clinician/student no.			Accompanied by:					
Main reason for referral:			GDP details:				Patient contact details	
Referral Source (tick)	OMF	PDS	GDP	GMP	DDH	Self	Out of hours	Other:

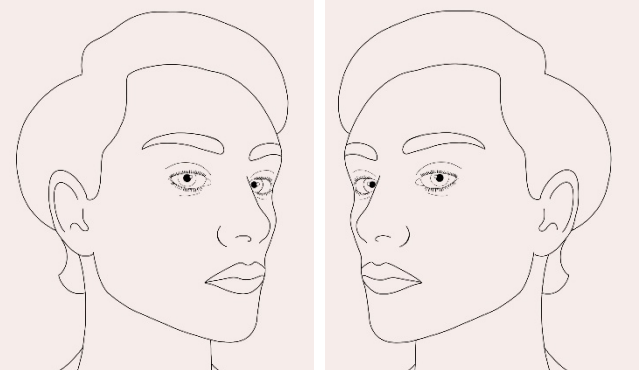
Date/time of trauma	Age at time of trauma
C/O (Incl. mechanism of injury & dental history)	
Emergency treatment carried out elsewhere? If yes, detail:	
Witnesses?	Does bite feel same as pre-trauma?
Previous traumatic injuries?	

Has patient experienced any of the following? If YES direct to Ninewells A+E immediately	
Head Trauma, incl. Loss of consciousness	Details:
Nausea/vomiting	
Visual disturbances	
Memory loss	
Urgent non-dental injury	
Soil involved? Tetanus needed	

Medical history form completed	Pregnancy or breast feeding:
Relevant medical problems /medications:	
Allergies:	

Social & dental history & oral home care regime:			
Age	Smoking: Lifelong non-smoker Previous smoker Currently smokes: ____per day/ ____years Smokeless tobacco use	Previous dental experience/ anxiety: Routine dental Rx Anxious Details:	Tooth brushing 1 x day 2 x day manual/electric
Lives with			IP cleaning No Yes - daily/ ____wkly
Weekly alcohol units:			Mouthwash used
			Toothpaste used

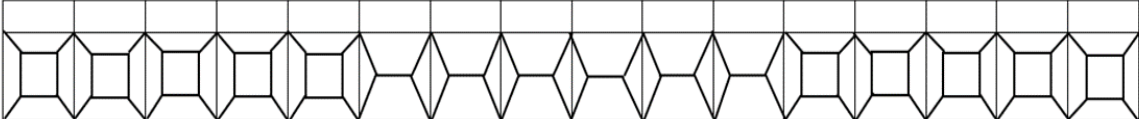

Extra oral examination:

Skin & Lips:	
Lacerations/bruising:	
Nodes & swellings:	
Facial bones/displacements/ asymmetry:	
TMJ/ restricted movement:	Other (e.g scarring/ altered sensation):

Intra oral examination:

Mucosa/ tongue/FOM/palate/fauces:	
Tooth fragments suspected in soft tissue?	
Oral hygiene levels:	Removable appliances worn (incl. type / condition):
Splint in situ? (incl. teeth involved/ location/type etc)	
General comments on occlusion	
Avulsion EADT EAT Storage medium used Apical maturity	

Hard tissue charting:

Permanent teeth	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>R</p> </div> <div style="text-align: center;">  <p>L</p> </div> </div>
Primary teeth	
Primary teeth	
Permanent teeth	

BPE:		Incisal relation:	Lateral excursion:
Gingival phenotype:		Other:	
Smile/lip line:			
Perio risk:	Caries risk:		

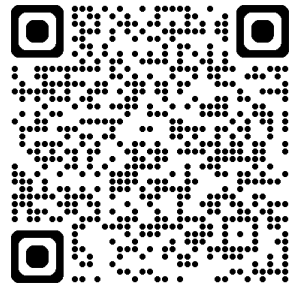
Investigations

Radiographs Type(s):	Radiographs taken/ supplied by:	Diagnostically useful?	Grade:
Report:			
Photographs	Photographs taken/ supplied by:	Date image(s) taken:	
Diagnoses:			

Tooth:						
Swelling or sinus						
Tooth displacement, changes gingival margin height						
Is tooth functional						
Occlusal trauma? (ICP & excursion)						
Restorations in situ &/or caries						
Aesthetics/ tooth colour						
Mobility						
Perio pocketing						
Crazing, cracks &/or fractures						
TTP (note if aberrant percussion note)						
TTBP						
EPT						
Endo Frost						

Management

Link to current International Association of Dental Traumatology (IADT) Guidelines	https://iadt-dentaltrauma.org/guidelines-and-resources/guidelines/	Scan for IADT Guidelines:
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Risks/ complications/ sequelae of specific tooth injury discussed:	
Treatment options discussed:	Risks/benefits
Follow-up schedule advised:	
Prognosis discussion:	
Other:	
Clinicians recommended management option: Patient opts for:	
Agreed management plan	

Patient information leaflet _____ issued

Letter to referrer/GDP

Letter to patient

Verbal consent given to proceed with plan

Staff name:

Staff signature:

GDC no.