



PENINSULA HEALTH

Peninsula Health - Community Health Dental Screening Consent Form



CHILD'S DETAILS [Year / Room _____]

Childs Surname:..... Male / Female (Please Circle)

Child's Given Name:..... Date of Birth:.....

Address:.....

Suburb:..... Postcode:.....

Where do you live: (Please tick)

At Home

Other:

Childs Country of Birth:..... Aboriginal

Torres Strait Islander

Cultural Background:..... Aboriginal and /or
Torres Strait Islander

Refugee

Preferred Language:..... Asylum Seeker

Do you require an Interpreter? Yes No

MEDICAL HISTORY

Has your child suffered from an allergic or adverse reaction to latex?

NO YES (details).....

Does your child have a physical, sensory or intellectual disability?

NO YES (details).....

Does your child have a medical condition?

NO YES (details).....

CONSENT

I give permission for my child to receive a Dental Screening.
I declare the above information is true and correct.

Signature:..... Date:.....

Full Name (Parent/Guardian).....

Relationship to child: (please circle) Parent / Legal Guardian



Home.....

Mobile.....

IN PARTNERSHIP,
**Building a
Healthy Community**

SERVICE INTEGRITY COMPASSION RESPECT EXCELLENCE

Peninsula Health
PO Box 52 Frankston
Victoria 3199 Australia
Telephone 03 9784 7777
www.peninsulahealth.org.au



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Office use only – please do not complete.

UPPER 55 54 53 52 51 61 62 63 64 65 		FACIAL LINGUAL LINGUAL FACIAL	DATE:
LOWER 85 84 83 82 81 71 72 73 74 75 			OPERATOR:
RIGHT 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28 		LEFT 	
OTHER CONDITIONS:		DECID. CARIES LEFT	FOR RECALL REASON: <input type="checkbox"/>
TREATMENT PLAN:		R	L

DEBRIS SCORE:

CALCULUS SCORE:

GINGIVAL SCORE:

HYPOPLASIA:

OCCCLUSION:

Patient Identifiers Check

Patient Identifiers Checked

- Full Name
- Date Of Birth
- Address
- Gender
- Photo ID (e.g Licence)
- Individual Health Identifier

Additional Comments:

Tracking Stickers & Instrument Type (i.e. probe, exam kit)

Titanium Data Entry – (item codes, charting, patient id, tracking)

Entered by: _____ Date: ____/____/____

Follow up required: Yes No

Telephoned: Yes No

Letter Sent: Yes No

Comments: _____

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