



Lift the Lip – Oral Health Priority Referral Form

Who can be referred?

- Children under 18 years of age.
- Children covered by a current Medicare Card.
- Children who have or are at high risk of developing decay.



Date of Referral:

Parent/Guardian Family Name:

First Name:

Child: (full name)

Date of birth:

Preferred phone number/s:

Address:

Interpreter required? If so, what language?

Parent gives consent to share this information with Oral Health Services and to be contacted by them to make an appointment for their child.

Referring Professional: (Please tick)

CHAPS

School Nurse

Other Health Professional

Early Years Educator

Referral From:

email address:

How do I refer? Send this completed referral form to: liftthelip@ths.tas.gov.au

For children who have pain, infection or recent trauma (not seen by a dental professional) call: **1300 011 013** immediately.

CHAPS HELPING HEALTH SMILES PROGRAM

Child and Family Centre:

Parent has consented to receive a family toothbrush pack and for OHST to contact them YES

NO

Oral Health Services Tasmania will bulk-bill Medicare for treatment provided so there are no out of pocket expenses.