Dear Parents/Carers,

The Child & Adolescent Oral Health Service will be offering treatment at your school in the near future. This service will be provided at the school for a limited period of time. Healthy teeth and gums are important for good health. Oral Health Services provide free dental care by health professionals for children 4 years of age and children in prep to the end of grade 10.

Please read and complete the accompanying Parental Consent and Medical History Form with all necessary details. Parental involvement plays a vital role in the prevention of oral disease and provides an opportunity to discuss any concerns you may have. Dental Staff will contact parents to arrange a dental appointment if required after the initial examination.

At the bottom of the first box requiring name, address etc there is a Grade requirement. Please place your child's year level and class in this box. For example, if John Smith is in year six and is in the 6/7C class with Mrs Jones;

| School attended: | West State School - Mrs Jones | Grade: 6/7C |

Please return completed forms to the School Office by 2nd April so your child can be examined.

Please also find attached supportive paperwork on Dental Checkup and Dental X-rays for your information. Contact dental staff should you require further information.

Important safety steps have been introduced to ensure your child's dental examination and treatment, that you have given consent for, is done as planned. We need to ensure that we are treating the correct child and need to be able to identify them by their name, date of birth and why they are here. If we are not satisfied that we have these details, unfortunately we will not be able to continue and will issue an appointment for a parent or legal guardian to attend with the child.

If your child requires an emergency appointment please phone 4972 9364 and leave a message; you will be contacted for an appointment time. Should you choose not to access the service while offered at your child's school; dental emergencies only can be dealt with once the clinic starts treating other schools.

To ensure that we can provide optimum service, we request that all issued appointments are kept. Please note that if your child fails to attend two appointments, their course of dental treatment will be closed and they will be offered further treatment when the service is next offered to their school.

Thank you
Child and Adolescent Oral Health Services
**ORAL HEALTH SERVICES**

**PARENTAL CONSENT and MEDICAL / DENTAL HISTORY FORM**

Please complete this form and return it to the school or dental clinic by: __________________________

(Late returns will be accepted however treatment may be offered at a different location.)

**DETAILS OF YOUR CHILD**

<table>
<thead>
<tr>
<th>Last name:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name(s):</td>
<td>Gender Male / Female</td>
</tr>
<tr>
<td>Home address:</td>
<td>Phone (Home):</td>
</tr>
<tr>
<td>Postal address (if different):</td>
<td>Phone (Work):</td>
</tr>
<tr>
<td>Contact person in case of emergency:</td>
<td>Phone (Mobile):</td>
</tr>
<tr>
<td>School attended:</td>
<td>Grade:</td>
</tr>
</tbody>
</table>

**CONSENT TO EXAMINATION AND PREVENTIVE CARE**

(tick one box only)

- I consent to my child receiving the following:  
  - a dental examination, and
  - dental x-rays, if considered necessary as part of the examination, and
  - preventive care if considered necessary such as oral hygiene instruction, cleaning of teeth and the application of fluoride.

- I understand the examination and any associated procedure which is considered necessary may involve more than one visit.

- I also understand that, if I consent to the above, a separate consent form will be sent to me should any further treatment be recommended.

Signed (Parent/Guardian): __________________________ Date: __________

Your name (please print): __________________________

Your address (if different from above): __________________________

Contact telephone (Home): __________________________ (Work): __________________________

**IF YOU HAVE TICKED “YES” TO YOUR CHILD RECEIVING A DENTAL EXAMINATION AND PREVENTIVE CARE, PLEASE COMPLETE THE QUESTIONNAIRE OVERLEAF**

Is your child of Aboriginal or Torres Strait Islander or South Sea Islander origin? (please tick)

No [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  South Sea Islander [ ]

In which country was your child born? (please tick ONE box, and enter name of country if born overseas)

Australia [ ]  Another country [ ]  Name of the country __________________________

What language is spoken at home?

______________________________

REV: JANUARY 2014

HQH ORAL 05 (A4).
**PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS**

**DENTAL HISTORY**

Has your child been treated previously at a school dental clinic in Queensland? If **YES**, please give the name of the school where your child was last treated, and the year when he or she left:

**School:**

**Year:**

Is your child available for treatment before or after school? If **YES**, please indicate the available times:

**Yes**  **No**

Is your child receiving treatment from another dentist? If **YES**, please give details:

**Yes**  **No**

Is your child attending an orthodontist/dental specialist? If **YES**, please give details:

**Yes**  **No**

Please list any problems your child has with his/her teeth or mouth:

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**MEDICAL HISTORY**

I have confidential medical information about my child that I wish to speak to a dentist about (please tick if appropriate)

**DOES HE/SHE HAVE, OR HAS HE/SHE EVER HAD, ANY OF THE FOLLOWING MEDICAL CONDITIONS?**

(please tick appropriate box(es))

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart complaint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart valve disorder e.g. murrur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic or other implant e.g. shunt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaemia, leukaemia or other blood diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High or low blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact with HIV/AIDS virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steroid therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis or other lung diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach or digestive condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nervous condition e.g. ADD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis or other liver diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other condition(s)? (please list below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other condition(s) not listed above:**

**Is your child being treated by a doctor at present? If **YES**, please give details:**

**Yes**  **No**

**Is your child taking any tablets or medicines (prescribed or over-the-counter) at present?**

If **YES**, please give details:

**Yes**  **No**

**Does your child normally require antibiotic cover before dental treatment? If **YES**, please give details:**

**Yes**  **No**

**Does your child have any abnormal reactions to local or general anaesthesia? if **YES**, please give details:**

**Yes**  **No**

**Does your child smoke?**

**Yes**  **No**

**Is your child pregnant? (females only)**

**Yes**  **No**

Please list any drugs or medicines your child is allergic to:

Please list any other known allergies that your child has e.g. latex:

Who is your child’s usual doctor? 

Name / Address: __________________________

Phone: __________________________

I consent to other health professionals being consulted where it will assist in the provision of my child’s oral health care, and to information relating to my child’s oral health care being used by Queensland Health for evaluation purposes so long as my child’s name is not used in any reports or published statistics.

Signed (Parent/Guardian): __________________________

Date: __________________________

Office use only

(Checked by dental practitioner)
To access the Child and Adolescent Oral Health Service please provide the details below

Child's Name: ____________________________

Child's Date of Birth: ____________________________

Medicare Card Number: ____________________________

Medicare Card Reference Number: __

Medicare Card Expiry Date: ____________________________

Is your child eligible for the Child Dental Benefits Schedule?

☐ Yes  ☐ No  ☐ Not Sure

Please return this form with the parental consent form attached.
Oral Health Services
Child Dental Benefits Schedule

From January 2014, eligible families, teenagers and approved care organisations will receive a letter to confirm eligibility. Benefits will cover a range of services including examinations, x-rays, cleaning, fissure sealing, fillings, root canals and extractions. Benefits are not available for orthodontic or cosmetic dental work and cannot be paid for any services provided in a hospital under general anaesthetic.

How do I check if I'm eligible?

You may have already received a letter from Human Services. If you have not, you can confirm your child’s eligibility and balance amount by accessing your Medicare online account at my.gov.au or calling the Medicare general enquiries line on 132 011.

Eligible

How can I make an appointment?
You can let Central Queensland Oral Health Services know your child is eligible for the Child Dental Benefits Schedule by completing the attached slip with your child’s Medicare card details and indicating they are eligible. The Child and Adolescent Oral Health Service will then contact you with an available appointment. If you have other eligible dependents who are not attending this school please contact Oral Health Services Rockhampton on (07) 4920 6212.

How does it work?
You will be contacted and an appointment will be scheduled. At the time of the appointment, the dental provider must discuss your child’s treatment and any associated costs with you before providing the services. After this has been discussed, you will need to sign a consent form. You will be bulk billed (i.e. no out of pocket expense) for these appointments. If your quote exceeds the allocated $1000 then the dental provider will discuss alternative options with you.

Why would I elect to attend a bulk bill clinic?
The Bulk Billing clinics compliment public services and increase our capacity to improve and expand our services to patients. It also helps provides the Central Queensland Oral Health Services capacity to independently fund medical research.

Not eligible

If you are not eligible for the Child Dental Benefits Schedule and you hold a current Medicare card and your child is between the ages of 4 years and grade 10 then you are still eligible for public Oral Health Services and your child will be offered an appointment on return of the attached medical history.
1. What is a dental x-ray?
Dental x-rays are images of the bones, teeth and surrounding soft tissues in your mouth. X-rays are used by your dental team to aid in diagnosis and treatment planning.

2. Why are dental x-rays needed?
Your dental team can look at the health of your teeth, mouth and jaw with an x-ray. Dental x-rays show tooth decay, fractures of the teeth, bone loss, infections inside the tooth or bone and the position of any teeth under the gum. They can also reveal other abnormalities such as cysts, tumours and cancers.

3. What are the different types of dental x-rays?
There are two main types of x-rays:
- **Intraoral x-rays** where the film is placed inside your mouth and the image captured.
- **Extraoral x-rays** where the film is placed outside your mouth and the image captured.

4. What are the risks and complications of a dental x-ray?
Radiation is a general term that refers to energy that can travel through the environment. X-rays (medical radiation) are a type of radiation that can go through the human body. This allows it to be used for medical purposes. Other forms of radiation we come across in our daily lives are visible light, ultraviolet light, microwaves and radio waves.

The amount of medical radiation used in dental x-rays is so low that there is minimal risk of any damage to the body.

There is no evidence that a routine dental x-ray will harm an unborn baby. However, the dental team will provide a lead gown for pregnant patients. Please ensure you notify the dental team if you are pregnant or suspect you might be pregnant.

Advances in technology have reduced the amount of medical radiation patients are exposed to when having x-rays taken. Ask your dental team if you would like more information.

Death as a result of this procedure is extremely rare.

5. Important points to remember
- Your dental team are licensed to take dental x-rays. They have been trained to use the lowest amount of radiation on the smallest possible area of your mouth.
- Tell your dental team if you are pregnant or suspect you might be pregnant.
- Tell your dental team if you have had recent dental x-rays. This may avoid the need for more dental x-rays.

6. Now and in the future
Some dental clinics use digital imaging. After the X-rays are taken the image is sent directly to a computer. There is no need to develop the film. This technique uses less radiation than conventional X-rays. Images are immediately available on the computer screen.

7. How do I keep my teeth healthy?
- Eat well balanced, healthy meals. Limit snacking between meals and consumption of sugary and acidic foods and drinks.
- Clean teeth thoroughly twice a day with a soft toothbrush and using fluoride toothpaste. Spit out excess toothpaste after brushing but do not rinse.
- Drink lots of water, taking frequent sips throughout the day. Drink fluoridated water where possible.
- Chew sugar-free gum to increase saliva flow.
- Quit smoking to improve oral and general health.
- Have regular dental checkups.

Notes to talk to my dental professional about:
1. **What is a dental checkup?**
A dental checkup is where a dentist, oral health therapist or dental therapist looks at your teeth, gums, lips, tongue and saliva to see if they are healthy.

2. **Why should you have a dental checkup?**
Dental checkups are important to look at the health of your mouth, find existing problems and discuss planned treatments. Steps to help minimise further problems can also be explained.

Good oral health is important to general health and wellbeing. Better oral health can lead to better general health.

3. **What happens at a dental checkup?**
During a dental checkup the dentist, oral health therapist or dental therapist will assess and record information relating to your general and dental health. This may include:

- **Medical/Dental History**: a complete medical and dental history, including current medications, allergies and previous treatments and conditions will be recorded.
- **Check teeth, gums, lips, tongue and saliva**: the dentist or therapist will look for tooth decay, bleeding gums and pockets, how the teeth fit together, and any other irregularities. Previous dental treatment will be checked and recorded on your individual patient record.
- **X-rays**: dental x-rays may be taken to help find such things as tooth decay, infections, tumours, teeth that have not come through the gum and damage to jaw bones.
- **Preventive care**: may involve the use of fluoride, polishing of fillings, cleaning of teeth and advice on how to care for your teeth and gums.

4. **What is a treatment plan?**
A treatment plan will provide information about your treatment options, the risks and benefits of any treatment and information relating to care after treatment. You are invited to ask questions about your dental health and treatment needs.

5. **What are the risks and complications of a dental checkup?**
There are no common risks associated with a dental checkup.

Pregnant women may choose to wait until after their baby is born to have their dental x-rays taken. The dental team will use a lead gown over a pregnant woman’s belly if the x-ray is unavoidable.

Death as a result of this procedure is very rare.

6. **Why do you keep asking me my name?**
Queensland Health is committed to ongoing quality and safety improvements. Many people are involved in your dental care and we need to be sure you receive the correct procedure.

Each time you arrive for a dental appointment, you will be asked to state your -
- full name,
- date of birth and
- why you are attending.

This will ensure we know we have the right person for the right procedure.

Queensland Health is aware that for a young child, who attends without an adult, answering these questions completely may be difficult. Therefore a parent/guardian may be asked to attend appointments.

7. **Who will do my dental checkup?**
Oral health care is provided by teams of oral health staff including dentists, oral health therapists, dental therapists and dental assistants.

8. **How do I keep my teeth healthy?**
- Eat well balanced, healthy meals. Limit snacking between meals and consumption of sugary and acidic foods and drinks.
- Clean teeth thoroughly twice a day with a soft toothbrush and using fluoride toothpaste. Spit out excess toothpaste after brushing but do not rinse.
- Drink lots of water, taking frequent sips throughout the day. Drink fluoridated water where possible.
- Chew sugar-free gum to increase saliva flow.
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**Notes to talk to my dental professional about:**

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