

Oral Health and Nutrition Support Consultation Process for Referral

Community & Public Health has a Child Nutrition and Oral Health Promoter who provides FREE oral health and nutrition support through home visits (or appointments at our office) for families of young children who are at risk of developing tooth decay. This service is available for children under 5 years of age in the South Canterbury region.

Referrals can be made following any contact with families of children under 5 years of age.

Please refer any child aged under 5 for a home visit if they have one or more of the following risk factors for developing tooth decay.

Risk factors for developing tooth decay:

- Family history of high levels of decay
- Visible signs of decay on the child's teeth
- Not brushing twice a day with fluoride toothpaste (and no supervision)
- High intake of sugary foods and drinks
- Having concerning practices around bottle feeding, such as:
 - Sugary drinks in a bottle or drink bottle (including juice, milo, fizzy)
 - Going to bed with a bottle (at night or nap time) with anything other than plain water
 - Continued bottle feeding beyond 12 months of age
- No regular dental check-up (first dental visit at age 2 and then every year) - *Also ask the caregiver to contact the Community Dental Service 0800 TINY TEETH (846 983) commdental@cdhb.health.nz to enrol, update contact details, or to make an appointment.*

Please discuss referral with caregiver and after gaining permission, give them the referral card with information about the service and let them know that the Child Nutrition and Oral Health Promoter will contact them. Then complete the referral form on the back and fax, post or email the completed form to the details provided on the referral form.

Appointment will be made for a consultation either at the family's home or alternative as preferred.

Consultation will cover current oral hygiene practices and nutritional intake. The family will then be offered with recommendations and support for improvements, with consideration of socioeconomic restraints and cultural practices of the family. The family then identifies up to three related goals to work on.

A follow-up phone consultation 2 weeks later is offered to the family.

A record of any recommendations made to the family will be made available to the referrer for their record.

Oral Health and Nutrition Support Consultation Referral Form

Community & Public Health
18 Woolcombe Street
PO Box 510, TIMARU
Ph (03) 687 2621 or 027 523 2874
Fax (03) 688 6091
Email: hacer.tekinkaya@cdhb.health.nz

Referrer: _____	Referral Date / /
Referrer Phone/Email: _____	

Client (Child) Details:

Surname: _____ First Name/s: _____

Address: _____

DOB / / Male ☐ Female ☐ NHI: _____

Ethnicity(ies) recorded on health records: _____

Parent/Caregiver Name: _____

Phone (home): _____ (mobile): _____

Best contact method: _____

Client's GP: _____ New to the District: yes ☐ no ☐

Kindergarten / Preschool / Playcentre: _____

Requires home visit ☐ Prefers to be seen in alternative setting ☐

Anything to consider if home visit required? (E.g. any dogs, safety concerns)

Reason for referral / general comments (i.e. urgency, family situation):

Office Use Only
HR ☐ MR ☐ LR ☐ Contacted ☐ Appointment: _____
Outcome: _____