

Australian Dental Health Foundation

Charity/NFP Welcome Pack

The Australian Dental Health Foundation (ADHF) is a registered Australian charity that coordinates the provision of dental treatment to disadvantaged Australian people genuinely in need of dental care. Our State Coordinators liaise with local registered charities and not-for-profit organisations, to identify clients requiring oral care and advice. Volunteer dentists and their staff donate their time and skills to provide treatment at no cost to these clients in private dental surgeries across Australia.

The aim of the volunteer dental programs is to assist clients to access dental health services that they may otherwise not have had access to. Access to dental treatment and oral care advice enables patients to improve their dental health, speech, presentation and self-esteem and helps them move forward and achieve their goals.

Guidelines for Participation

Client Referrals

The ADHF accepts referrals to the volunteer dental programs for adults aged between 18-65 years who are being supported by a registered charity or not for profit organisation. They must be in genuine need and have a desire to receive help with their oral health but have no ready access to the private or public dental system.

Clients may be supported by one of the following programs:

- Domestic & Family Violence support/accommodation services
- Drug and/or Alcohol rehabilitation
- Long-term injury or illness support services
- Near homeless or homeless support/accommodation services
- Support services for those from low socioeconomic areas/circumstances

Please contact your ADHF State Coordinator for any referral that falls outside of these guidelines.

Programs

The ADHF coordinates a number of volunteer programs for patients to access free dental treatment. Your State Coordinator will advise which program is most suitable for your client before confirming the appointment.

Dental Rescue Day – a practice will allocate appointments for 4 or more referred clients to attend on a single day.

Adopt a Patient - a patient in need of dental care is paired with a volunteer dentist. The dentist will 'adopt' the patient over a number of appointments to complete a course of treatment.

Rebuilding Smiles® program – this program currently focuses on the provision of dental services to people who have experienced domestic and family violence. A patient is allocated to a practice for a comprehensive initial examination and once a treatment plan is agreed, will continue to attend the practice to achieve good functionality and improved oral health.

Prioritising clients

Appointments will be made available to clients depending on a number of factors, including their current dental health, location and availability of volunteers in the area. Client referrals will be prioritised according to the following classifications:

High Priority

Pain/Toothache
Cavities or decay
Swelling
Broken or chipped teeth

Medium Priority

Sensitive teeth
Missing Teeth
Appearance issues

Low Priority

Consultation/advice
Check up
Clean and scale

Treatment provided

Our volunteer dentists aim to provide a full range of dentistry but please be aware that they may not have time to provide all treatment in a single appointment. You should discuss this with your client, so they are not disappointed on the day.

Treatment Provided

Check up
Relief of discomfort and pain
Extractions
Fillings
Oral health instruction

Treatment that may be provided

Dentures
Crown and bridge
Further treatment planning

Treatments not provided

Veneers
Orthodontic treatment
Cosmetic procedures
Teeth whitening

Conditions that prevent or limit treatment

Please note the following conditions that will influence what treatment is provided to your client.

No treatment

Intoxication with alcohol or drugs
Fever
Poorly controlled diabetes
Dental phobias

Fillings but no extractions

Blood thinners or bleeding disorders
Radiation treatment to head or neck
Osteoporosis medication

Arranging appointments for clients

Our volunteer dentists and their staff have kindly volunteered their time to provide free dental treatment to selected clients. Please respect their commitment by observing the following guidelines:

- Ensure all clients genuinely cannot afford dental treatment and have no access to government health benefit schemes in your state
- Ensure all clients have a genuine need for treatment
- Ensure all required documentation is completed and returned to your State Coordinator at the requested time prior to the appointment
- Ensure all clients attend their designated appointment **by arriving on or before time**. Clients who fail to attend their designated appointments will run the risk of being excluded from the program and put their referring organisation at risk of limited future participation
- Whilst attending the dental surgery, ensure that your clients are respectful of the volunteer staff, other patients attending on the day as well as the property of the dental practice

- It is expected that patients will be accompanied to appointments by a charity representative. If you are unable to provide support, please discuss this directly with the State Coordinator

Privacy

By registering with the ADHF, you consent to the publication of your organisation's name on our website, Facebook page and in other publications to enable the Foundation to report on and promote its activities.

The ADHF will not publish any personal information, such as individual case manager and staff member names, or patient names, unless express consent is given. If you have any concerns regarding privacy, please contact the State Coordinator.

Access to public dental services

Your client may be eligible for public dental services. Public clinics around Australia provide dental treatment free of charge, or at low cost, to eligible patients. It is important that your clients register with their local clinic for ongoing oral health maintenance. For more information on eligibility to your State public dental services please refer to the Department of Health website at <http://health.gov.au/dental>

Forms

At the end of this document you will find a Registration Form which you should complete, have signed by an authorised signatory for your organisation and return to the State Coordinator.

To refer your clients to the volunteer dental program, please complete a Referral and Medical History Form with your client and return to the State Coordinator.

State Coordinator Contact Details

Claire Rawlinson, NSW Coordinator

M: 0499 191901

E: adminnsw@adhf.org.au

Becky Mackenzie, QLD Coordinator

M: 0417 801 792

E: adminqld@adhf.org.au

Dianne Travers, SA and Tasmania Coordinator

M: 0408 505 948

E: adminsa@adhf.org.au

Di Smith, Victoria Coordinator

M: 0417 466 636

E: adminvic@adhf.org.au

Andrea Paterson, WA Coordinator

M: 0408 942 122

E: adminwa@adhf.org.au

Amber Russo, Rebuilding Smiles® Coordinator

T: 0439 743 850

E: program.coordinator@adhf.org.au

Australian Dental Health Foundation

Registration Form

Organisation Name: _____

Head Office Address: _____

Program Name: _____

Program Address: _____

Contact Person: _____

Title/Position: _____

Mobile: _____ Telephone: _____

Email: _____

By signing this Registration Form, I acknowledge that I have read the Guidelines for Participation and agree to comply with these Guidelines.

I understand that it is a condition of participation that we are accountable for the attendance and behaviour of the clients referred by our organisation to the ADHF.

Name:

Title:

Date:

Client Referral and Medical History Form

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Client Information			
Title	First name	Surname	
Suburb/State		Contact number	
Are you of Aboriginal or Torres Strait Islander origin?			
Referring organisation			
Organisation		Case manager	
Contact number – Work		Mobile	
Email			
Please complete	Y	N	If Yes please provide details
Do you have private health insurance?			
Do you have a medical condition that limits your access to appointments?			
Do you hold a Pension or Health Care Card?			If Y, you are eligible for public dental services
Are you registered for public dental treatment?			If Y, when is your appointment?
Describe your immediate dental concern:			

Client Agreement

I understand that treatment is provided at no cost by ADHF volunteers who are volunteering their time, skills and practice facilities.

I understand that some dental work may not be treated or diagnosed at the initial appointment and that I may require further appointments to complete the treatment required.

I consent to my treatment records being shared with the ADHF and other volunteer dental professionals to ensure I receive the best possible outcome.

I understand the ADHF is not responsible for any treatment provided.

Client signature and date

Referring Organisation Agreement *(please tick)*

- ☐ I have read the Guidelines for Participation and understand the requirements for my client to participate in the volunteer dental program.
- ☐ I confirm my client has registered for public dental services (if eligible).
- ☐ I am referring my client to the Rebuilding Smiles® program. If you are referring to this program, please complete page 3 of this form.

Signature and date

Medical History Form

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Title	First name	Surname		Date of Birth	
When did you last visit a dentist?		GP Doctor name and contact number			
Tick Yes or No		Y	N	If Yes please provide details	
Are you taking any medications, including herbal remedies or over the counter medications?					
Do you have any food, chemical or substance allergies e.g. penicillin, aspirin, iodine, latex?					
Do you have an infectious or blood borne disease (including HIV & Hep C)					
Have you had joint replacement surgery, heart valve surgery or been told you have a heart murmur? <i>If Yes, please consult your doctor about whether you require antibiotics before treatment.</i>					
Do you smoke?					
Are you pregnant or breastfeeding?					
Do you have OR have you ever had:					
	Y	N		Y	N
Epilepsy			Tuberculosis		
Diabetes			Osteoporosis		
Rheumatic Fever			Stroke		
Asthma/bronchitis/lung conditions			Cancer treatment		
High/Low blood pressure			Thyroid disease		
Haemophilia or prolonged bleeding			Liver condition		
Rheumatoid arthritis/Lupus (SLE)/Polymyalgia			Anxiety or depression		
Heart condition (including a pacemaker)			Do you have a dental phobia?		
Do you have any other medical or dental conditions? Please specify					
If you have confidential medical information that you do not wish to write down and would prefer to discuss in private at your appointment, please tick this box <input type="checkbox"/>					

I acknowledge that this represents an accurate medical history. I consent to this information being shared with volunteer dental practice(s) and understand that the dental practice may need to contact me to discuss my medical history before my appointment. I understand that all medical details will be treated with complete professional confidentiality.

Client signature and date

Please return completed forms to the State Coordinator or info@adhf.org.au

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The Rebuilding Smiles® program provides access to dental treatment for clients who have experienced family and domestic violence. To refer your client for this program could you please provide a statement of support, including:

- [illegible]
