



**ST. MARY'S** *Catholic High School, Dubai*

# PROTOCOL FOR REFERRAL & FOLLOW- UP PLAN POLICY

2026-2027

# Protocol for referral and follow up plan:

## Referral criteria:

### ✓ Ophthalmology referral --

- Vision less than 6/9,
- Squint
- Squint
- Nystagmus
- Abnormal head posture
- Other abnormal findings

### ✓ Dental referral

- Gingival condition
- Dental trauma
- Soft tissue lesions
- Hard tissue lesions
- Halitosis
- Difficulty in chewing
- Difficulty in swallowing

### ✓ Hearing impairment

- Negative Rinne's test

### ✓ Scoliosis

- Suspicious Positive Adams forward bend test (with uniform top)

### ✓ Emergency referrals

### ✓ Psychological referrals

- Anorexia
- Depression
- Self-harm
- Addiction
- Abuse



## **Documenting the referrals**

- |    |                         |   |                                           |
|----|-------------------------|---|-------------------------------------------|
| 1. | Ophthalmology referral  | - | document on student health file           |
|    |                         | - | Send referral form to parents             |
| 2. | Dental referral         | - | document on student health file           |
| 3. | Hearing impairment      | - | document on student health file           |
|    |                         | - | Send referral form to parents             |
| 4. | Scoliosis               | - | document on student health file           |
|    |                         | - | Send referral form to parents             |
| 5. | Emergency referrals     | - | document on student health file           |
| 6. | Psychological referrals | - | document on a separate file ( not on SHR) |
- Inform the parents over the phone and hand over the student to parents if needed.

## **Follow up the referrals**

- |    |                                                                                |                                   |
|----|--------------------------------------------------------------------------------|-----------------------------------|
| 1. | By a phone call                                                                | - ALL emergency referrals         |
|    |                                                                                | ALL psychological referrals       |
| 2. | Parents will inform the clinic via the back referral slip on the referral form |                                   |
|    |                                                                                | Ophthalmology, Hearing, Scoliosis |

|                          |                    |
|--------------------------|--------------------|
| <b>Review Date:</b>      | <b>August 2026</b> |
| <b>Next Review Date:</b> | <b>June 2027</b>   |