

Referral Form: Aural Care Microsuction

Clinic for assessing, treating and managing undifferentiated diagnosed ear conditions, including wax removal if contraindicated for syringing, removal of foreign bodies, chronic ear infections, perforations, adult mastoid cavities.

EXCLUSIONS

We **DO NOT** accept referrals for:

- Patients under 18
- Differentiated undiagnosed ear conditions
- EKHUFT HTENT Emergency Criteria where service provision does not provide access to 24 hour out-of-hours diagnostic/treatment service
- Nose & throat conditions
- Rapid access
- Removal of superglue in the ear
- Sudden unilateral hearing loss with tinnitus
- Undifferentiated Diagnosis of Vertigo/Dizzy Patient
- Malignant Otitis Externa (diabetic patients with bony erosion)
- Sudden Unilateral Otitis media with effusion in Adults
- Acute episode of external and middle ear infections that can be initially treated using first line course of treatments

PATIENT DETAILS

NHS Number _____

First name _____

Last name _____

Address _____

Postcode _____

Mobile Phone _____

Other Phone _____

Date of birth _____ / _____ / _____

Please attach relevant medical history (including previous & current treatment & medications). **ALSO** give brief details below of presenting ear problems:

REFERRING CLINICIAN DETAILS

Practice G8 ref _____

First name _____

Last name _____

Address _____

Postcode _____

Phone number _____

Fax number _____

Undifferentiated diagnosed ear conditions only

Does your patient meet the Referral Criteria for this clinic, as published on our website www.wyesurgery.co.uk YES No*

*If "No" please do not refer to this clinic

Signed _____

Dated _____

PLEASE POST/FAX COMPLETED FORM TO:
 Aural Care Microsuction Outpatient Clinic, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY.
Tel: 01233 884 585 ext 222
FAX: 01233 811408 Email:
Email: accg.wyesurgeryclinics@nhs.net