WYEOUTPATIENTS NHS

# ENT Referral Form: Adult Ear + Audiogram

## Part 1: Adult Ear Referral

**PLEASE NOTE: All Adult Ear referrals also need an audiogram.**

By completing Part 2 of this document you will also be requesting a separate referral for an audiogram at Wye Surgery.

If this is not what you want, please either:

- Select a different referral form
- Or, attach a recent audiogram result to this page when submitting to us (and discard part 2 of this form).

**EXCLUSIONS**

- Rapid Access patients
- Patients under age 18

### PATIENT DETAILS

NHS Number ______________________

First name ______________________

Last name ______________________

Address ______________________

______________________

______________________

Postcode ______________________

Phone number ______ / ______ / ______

Date of birth ______________________

### REFERRING CLINICIAN DETAILS

Practice G8 ref ______________________

First name ______________________

Last name ______________________

Address ______________________

______________________

Postcode ______________________

Phone number ______________________

Fax number ______________________

Signed ______________________

Dated ______________________

### REFERRAL TYPE & DETAILS

**Details of presenting condition + relevant medical history (including previous + current treatment + medications):**

______________________________________________

______________________________________________

**PLEASE POST/FAX COMPLETED FORM TO:**
**Wye Outpatient Clinics, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY.**
**Tel: 01233 844 585 FAX: 01233 811408 Email: accg.wyesurgeryclinics@nhs.net**



**IF YOU WISH, PLEASE COMPLETE AUDIOGRAM REFERRAL**

WYEOUTPATIENTS

NHS

# ENT Referral: Adult Ear + Audiogram

## Part 2: Audiogram Referral

**EXCLUSIONS (for this separate audiogram referral)**

- Rapid Access Patients
- Patients under 18
  Non-wax ear discharge within 3 months prior to appointment:
- Sudden hearing loss (requires immediate ENT opinion)
- Otalgia > 7 days within 3 months prior to appointment
- Tinnitus and vertigo
- If hearing aid has been fitted during last 12 months
- Noise-induced hearing loss, patient must be away from the source for 24 hours before appointment

## PATIENT DETAILS

NHS Number ________________

First name ________________

Last name ________________

Address ________________

Postcode ________________

Phone number ________________

Date of birth ________________

Domiciliary visit needed (based on clinical need)?

☐ YES ☐ NO

**Please give details of relevant medical history (including previous and current treatment and medications):**

## REFERRING CLINICIAN DETAILS

Practice G8 ref ________________

First name ________________

Last name ________________

Address ________________

Postcode ________________

Phone number ________________

Fax number ________________

**Wax-free ears only please!**
Ears must be free from occluding wax or the patient will not be seen. **If you answer 'No' to the question below, please wait until the answer is 'Yes' before you refer.*

**Are your patient's ears wax-free?** ☐ **YES** ☐ **No***

Signed ________________

Dated ________________


**PLEASE POST/FAX COMPLETED FORM TO:**
**Audiology Outpatient Clinic, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY.**
**Tel: 1233 844 585 FAX: 01233 811408**
**Email: accg.wyesurgeryclinics@nhs.net**