

# ENT Referral Form

## Adult Ear - with Audiogram Result

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

If you do not have a recent audiogram result to attach with this referral, and wish to request an audiogram at Wye Surgery please use a different ENT Referral Form called 'Adult Ear + Audiogram.'

Otherwise, please request an audiogram from another clinical provider and delay this ENT referral until you have the result.

### 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 \_\_\_\_\_

### ENT - 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](mailto:accg.wyesurgeryclinics@nhs.net)**