

# ENT Referral Form: Adult Nose and Throat

## REFERRAL CRITERIA

- Patients aged 18 or older
- Patients of any GP in East Kent region

Patients under 18: Use our Paediatric ENT Referral Form.

Adult Ear patients: Use either 'Adult Ear with Audiogram Result' or 'Adult Ear + Audiogram Referral' forms

## EXCLUSIONS

- Rapid Access patients
- Patients under age 18
- Adult ear referrals

## 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**