

ENT Referral Form: Paediatric ENT + Audiogram

Part 1: Paediatric ENT Referral

PLEASE NOTE: All Paediatric 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:

- Use the 'Paediatric ENT with Audiogram Result' referral form
- Or, attach a recent audiogram result to this page when submitting this form).

REFERRAL CRITERIA

- With audiogram
- Patients aged under 18
- Referred by an East Kent GP

EXCLUSIONS

- Rapid Access patients
- Patients age 18 or over

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

ENT Referral Form

Part 2: Paediatric Audiogram Referral

EXCLUSIONS (for this separate audiogram referral to accompany a Paediatric ENT referral)

- Rapid Access Patients
- Patients over 18
- Non-wax ear discharge within 3 months prior to appointment:
- Sudden hearing loss (requires immediate ENT opinion)
- Otagia > 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.
 Email: accg.wyesurgeryclinics@nhs.net
 Tel: 01233 844 585 FAX: 01233 811408**