

# ENT Referral Form: Paediatric ENT + Audiogram

## Part 1: Paediatric ENT Referral

**PLEASE NOTE: All Paediatric ENT 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 a different referral form or attach a recent audiogram result and discard Part 2 of this form.

### EXCLUSIONS

This clinic **DOES NOT** accept referrals for:

- Rapid Access patients
- Patients aged 18 or over

### PATIENT DETAILS

NHS Number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Mobile phone \_\_\_\_\_

Other phone \_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_



Email your referral to: **accg.wyesurgeryclinics@nhs.net**

Alternatively fax or post to: Outpatients Clinic, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY.  
Tel: 01233 884 585 Ext 2222 Fax: 01233 811408

# ENT Referral Form: Paediatric ENT + Audiogram

## Part 2: Paediatric Audiogram Referral

**EXCLUSIONS - for this separate paediatric audiogram referral**

- Rapid Access Patients
- Patients over 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 \_\_\_\_\_

**ONLY - Wax-free ears please!**

Ears must be free from occluding wax or the patient cannot be seen.

Are your patient's ears wax-free?  YES  NO\*

**\*If No, please do not refer to this clinic, yet.**

Signed \_\_\_\_\_

Dated \_\_\_\_\_



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 Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY  
 Tel: 01233 884 585 Ext 2222 Fax: 01233 811408