

Referral Form: Aural Care Microsuction

For assessing, treating and managing diagnosed ear conditions, including wax removal if contraindicated for syringing, removal of foreign bodies, chronic ear infections, perforations, adult mastoid cavities.

EXCLUSIONS

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

- Patients under 18
- Undiagnosed ear conditions
- EKHUFT HTENT Emergency Criteria where service provision does not provide access to 24-hour, out-of-hours diagnostic/treatment service
- Nose & throat conditions
- Rapid access
- Removal of superglue in the ear
- Sudden unilateral hearing loss with tinnitus
- Undifferentiated Diagnosis of Vertigo/Dizzy Patient
- Malignant Otitis Externa (diabetic patients with bony erosion)
- Sudden Unilateral Otitis media with effusion in Adults
- Acute episode of external and middle ear infections that can be initially treated using first line course of treatments

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 _____

REFERRAL DETAILS

Give details of presenting condition + relevant medical history (including previous/current treatment/medications)

ONLY – Diagnosed ear conditions

Does your patient meet the Referral Criteria for this clinic, as published at www.wysurgery.co.uk

YES

NO*

*If No, please **do not** refer to this clinic

Signed _____

Dated _____



Email this referral to:
kmccg.wyesurgeryclinics@nhs.net

Alternatively fax or post to: Outpatient Clinics,
 Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY
 Tel 01233 884 585 Ext 2222