

**COMMUNITY ENT REFERRAL FORM**

**\*Please see notes below regarding emergency/urgent pathways which are not covered by the Community ENT service**

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| **Patient ID *(Sticker may be used)*** | | | | | **Referring Clinician** | | |
| NHS Number |  | | | | Name |  | |
| First name |  | | | | GMC/NMC No. |  | |
| Surname |  | | | | Address |  | |
| Address |  | | | |
| Date of request |  | |
| Referring PCT Code |  | |
| Date of Birth |  | | | | Referring Practice Code |  | |
| Gender |  | | | | Telephone  *For urgent clinical findings* |  | |
| Telephone (Home) |  | | | |
| Telephone (Work) |  | | | | NHS Mail *(nhs.net only*) |  | |
| Telephone (Mobile) |  | | | | Eligible for and does require NHS funded transport?  Yes | | |
| Email address |  | | | |
| **Please indicate which ENT symptoms and signs require investigation and treatment** | | | | | | | |
| **Recurrent severe tonsillitis**  **Hoarse voice \*Please see below exception** (*in non-smoker*)  **Globus pharyngeus symptoms** (*dysphagia not accepted*)  **Sore throat symptoms** (***NB:*** *if symptoms persistent/unilateral please refer via cancer pathway*)  **Nasal Obstruction/congestion**  **Post Nasal Discharge symptoms**  **Epistaxis despite topical treatment**  **Sinus type symptoms**  **Snoring,** if nasal pathology is thought to be the cause  -*Please note that if a clear diagnosis of rhinosinusitis has been made, Patients should be referred directly to UHS/ISTC* | |  | **Otitis Externa**  **Otitis Media**  **Deafness** (*not for Audiology referral*)  **Discharge from ear**  **Impacted wax in the ear canal**  **Ear drum perforation** (*aged under 65*)  **Popping/blocked ears symptoms**  **Concerns about ear appearance** (*pinna\*\*/EAM/TM*)  **Discharge in a patient with a mastoid cavity**  **Tinnitus symptoms**  **Vertigo/dizziness symptoms,** if a vestibular problem is thought to be the cause.  NB: If an elderly patient where multi-factorial causes are contributory the Falls Service may be more appropriate in the first instance. | | | |  |
| **Other suspected ENT symptoms:** | | | | | | | |
| **Relevant Past Medical History –** include previous and current treatments and medication, and duration of symptoms indicated above.    **Allergies** *(please specify, if any)* | | | | **\*Please do not refer patients with the following:**   * Dysphagia * Patients over the age of 45 with sudden and persistent hoarseness of voice * Persistent ulceration or pain in the oral cavity * Neck or salivary gland lumps/masses * Peri-orbital masses   **Please use the Head and Neck cancer referral forms for the above.**  **Suspected skin cancers on the Pinna - refer under the Skin cancer pathway**  **NB Sudden onset sensorineural deafness** is an ENT emergency and patients presenting with this should be discussed with the duty ENT team at UHS for possible emergency admission. | | | |
| **Please send via eRS, or e-mail this form to the InHealth Patient Referral Centre:**  **Sandbrook House, Sandbrook Way, Rochdale OL11 1RY**  **Tel: 0333 202 0297 E-mail:** [**inl.inhealthreferrals@nhs.net**](mailto:inl.inhealthreferrals@nhs.net)  [**www.inhealthgroup.com**](http://www.inhealthgroup.com) **V003 Feb 2021** | | | | | | |  |
| **All referrals sent by email must be sent from an nhs.net account to an nhs.net account, failure to comply with this requirement may result in a fine from the Information Commissioner.** | | | | | | | |