

**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. | [ ] [ ] [x] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **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**[**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.** |