ENT Referral Summary

Referring physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for referral (check all that apply):

\_\_\_ 1. Recurrent otitis media

 \_\_\_\_ ≥3 separate episodes over 6 months Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ ≥4 separate episodes over 12 months Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 2. Chronic otitis media

 \_\_\_\_ Bilateral effusion for ≥3 months

\_\_\_\_ Symptomatic unilateral effusion for ≥3 months

 \_\_\_\_ Asymptomatic unilateral effusion for ≥6 months

\_\_\_ 3. Recurrent tonsillitis

 \_\_\_\_ ≥7 documented episodes, including sore throat, in past year

 \_\_\_\_ ≥5 documented episodes, including sore throat, per year over last 2 years

 \_\_\_\_ ≥3 documented episodes, including sore throat, per year over last 3 years

 \_\_\_\_ Throat cultured when asymptomatic to rule out carrier state

\_\_\_ 4. Enlarged tonsils with regular snoring

(Please have parents prepare a recording to bring with them if possible)

\_\_\_ 4. Nasal obstruction with concern for adenoid enlargement

\_\_\_ 5. Other/Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Please fax to:** Attention Debi Hardway, MSN, RN, Practice Manager **(757) 668-9838**