

ENT Referral Form: Adult Nose and Throat

EXCLUSIONS

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

- Rapid Access patients
- Patients under age 18
- Adult ear referrals

Alternative forms

For Patients under 18: Use our Paediatric ENT Referral Form.

For Adult Ear patients: Use either our 'Adult Ear with Audiogram Result' or 'Adult Ear + Audiogram Referral' form

PATIENT DETAILS

NHS Number _____

First name _____

Last name _____

Address _____

Postcode _____

Phone number _____ / _____ / _____

Date of birth _____

REFERRING CLINICIAN DETAILS

Practice G8 ref _____

First name _____

Last name _____

Address _____

Postcode _____

Phone number _____

Fax number _____

Signed _____

Dated _____

ENT - REFERRAL TYPE & DETAILS

Details of presenting condition + relevant medical history (including previous + current treatment + medications)



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

Alternatively fax or post to: Outpatients Clinic, Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY.

Tel: 01233 884 585 Ext 2222