

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 _____

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