ENT Direct Referral Appointment Form for Tonsillectomy Fax Number # (907) 729-1412

Site: _____
Provider Requesting Appt:_____ Phone #:_____
Provider Case Manager:_____ Phone #:_____
Primary Care Provider:_____ Phone #:_____
PCP Case Manager:_____ Phone #:_____

The following guidelines are indications for tonsillectomy in an otherwise healthy patient. Patients meeting these criteria can be directly referred to us. We will contact them and arrange a surgery date.

Diagnostic

- ❑ Recurrent streptococcal pharyngitis defined as three or more distinct episodes with positive cultures or RST in a twelve-month period.
- ❑ Recurrent acute tonsillitis defined as six or more episodes of exudative tonsillitis (not pharyngitis) in a twelve month time period, five or more episodes for two consecutive years or three or more episodes for three consecutive years.
- ❑ Recurrent tonsillitis when complicated by peritonsillar abscess, febrile seizures, abscesses lymph nodes, or acute airway obstruction. Repeat episodes of severe tonsillitis requiring hospitalization should also be considered for direct surgical referral.
- ❑ Obstructive sleep disturbance secondary to tonsillar and/or adenoid hyperplasia. This may be manifested by chronic mouth breathing, nasal obstruction, severe snoring, apnea, daytime fatigue, dysphagia, dental arch maldevelopment, adenoid facies and dyshponia. Failure to thrive, renal and cardiac complications are seen only in the most severe cases and warrant a full medical work-up and subsequent evaluation in the ENT Clinic.

Pertinent History

1. Is patient without preexisting medical problems that might complicate anesthesia delivery and/or the surgical procedure? YES NO
2. Does patient desire procedure in the next four weeks? YES NO
3. Does patient desire direct referral for surgery foregoing evaluation in regional clinic? YES NO

If any of the above are no, patient should be referred to ENT clinic for evaluation.

Note: Decisions for direct referral and ultimately, surgical intervention must be individualized for each patient. Patients with tonsil or other throat problems not meeting these criteria should be referred to ENT clinic. Direct referral should only be used for those patients without underlying medical problems or other complicating factors.

Patient Name :_____

Date Of Birth:_____

Social Security #: _____

Guardian's Name :_____

Address:_____

Home Phone #:_____

Work Phone #: _____

Appt Scheduled by:_____

Date & Time_____ MD: _____