

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Endocrinology	Thyroid Concerns (Hyperthyroidism, Hypothyroid, Nodule, etc)	<p>Patient's chief complaint</p> <p>History of Present Illness</p> <p>Is Patient currently taking (yes/no/not applicable): Propylthiouracil (PTU)? Methimazole? Levothyroxine?</p> <p>Has patient ever had a thyroid scan/update? If yes, date, place, findings (if known)</p> <p>Has patient ever received Iodine 131 treatment? If yes, date, place findings (if known)</p> <p>Has patient had a thyroid ultrasound? If yes, date, place, findings (if known)</p> <p>Has patient had a thyroid biopsy? If yes, date, place, findings (if known)</p> <p>Has patient had thyroid surgery? If yes, date, place, findings (if known)</p> <p>For female patients only, date of last menstrual period</p> <p>Is patient pregnant?</p>	
ENT	ENT Direct Referral Appointment Form for Tonsillectomy	<p>Diagnostic criteria for direct referral (select below):</p> <p>Recurrent streptococcal pharyngitis defined as 3 or more distinct episodes with positive cultures or RST in a</p> <p>Recurrent acute tonsillitis defined as six or more episodes of exudative tonsillitis (not pharyngitis) in a 12-</p> <p>Recurrent tonsillitis when complicated by peritonsillar abscess, febrile seizures, abscessed lymph nodes, or Obstructive sleep disturbance secondary to tonsillar and/or adenoid hyperplasia. This may be manifested</p> <p>If no on any of the following, patient should be referred to ENT clinic for evaluation:</p> <p>Preexisting medical problems that might complicate anesthesia delivery and/or the surgical procedure?</p> <p>Procedure requested in next four weeks?</p> <p>Does patient desire direct referral for surgery without regional clinic eval?</p> <p>Enlarged tonsils on exam?</p>	
ENT	ENT Direct Referral of Other ENT Problems	<p>Please describe the ENT problem you would like us to evaluate.</p> <p>Significant Medical History that may be related to ENT issue.</p>	

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ENT	ENT Ear Tube Request	<p>The following guidelines are indications for a tympanostomy tube placement in an otherwise healthy</p> <p>Recurrent acute otitis media defined as 3 or more well documented and separate AOM episodes in the past 6</p> <p>Otitis media with effusion defined as middle ear effusion that is present for at least three months.</p> <p>Pertinent History</p> <p>Is patient health without preexisting medical problems that might complicate anesthesia delivery and/or the</p> <p>Does patient desire procedure in next four weeks?</p> <p>Does patient desire direct referral for surgery forgoing evaluation in regional clinic?</p> <p>Pertinent Information</p> <p>1. Adenoidectomy in the setting of a history of middle ear disease may be considered on a case by case basis</p> <p>2. Severe retractions of the tympanic membrane or retraction pockets should have a telemedicine case</p> <p>3. Patients with otitis media and speech or language delay, other developmental delays, or other sensory</p> <p>NOTE: Decisions for direct referral and ultimately, surgical intervention must be individualized for each</p>	In cases of severe retractions or retraction pockets, send images of the tympanic membrane sent to ENT.
ENT	ENT Direct Referral for Sinus CT Scan & Evaluation	<p>The following are indications for a CT scan of the sinuses and an ENT evaluation at ANMC. These</p> <p>Recurrent acute sinusitis defined as at least four acute distinctive infections in a twelve-month period. A</p> <p>Chronic sinusitis (> 12 weeks of symptoms) refractory to medical therapy consisting of at least one month of</p> <p>List antibiotics used including starting date and duration</p> <p>List nasal sprays used and duration</p> <p>Patients being referred for a CT scan who have had prolonged signs and symptoms (primarily chronic</p> <p>Based on the findings from the CT scan and ENT exam, recommendations will be made and communicated to</p>	