

**Referral form**

**ENT Emergency Clinic - Please book via NHS e-Referral Service**

eRS Team at St George's for service enquiries, please call: 0208 725 4257/4957

PATIENT DETAILS

NHS No: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Contact Tel No: \_\_\_\_\_

\*Second Contact Number: \_\_\_\_\_

**Date of Referral:** \_\_\_\_\_

GP DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Tel No: \_\_\_\_\_

If the referral is made from A & E please ensure notes are attached  
Email to: [stgh-tr.entemergencyclinic@nhs.net](mailto:stgh-tr.entemergencyclinic@nhs.net)

Reason for referral: *please tick appropriate box*

- |   |                          |                                      |                          |
|---|--------------------------|--------------------------------------|--------------------------|
| 1. Otitis Externa requiring microsuction  | <input type="checkbox"/> | 3. Foreign body in the ear           | <input type="checkbox"/> |
| 2. Isolated facial palsy                  | <input type="checkbox"/> | 4. Sudden sensorineural hearing loss | <input type="checkbox"/> |
| <b>With parotid lump send as TWR</b>      |                          | 5. Recurrent Acute Epistaxis         | <input type="checkbox"/> |
| <b>With ear infection send to A&amp;E</b> |                          |                                      |                          |

**Clinical History/Examination:**


**Treatment received so far:**


Please note that the ENT SHO led Emergency clinic offers emergency appointments specifically for the above criteria  
All other conditions must be discussed with the on-call team  
**Referral will be rejected if not suitable for our Emergency Clinic**  
ENT SHO on call bleep 6163, or ENT SpR via switchboard  
ENT SOS Emergency Contact Number: 020 8725 6888