

Ear, Nose & Throat Referral Request Form

Last Name _____ First Name _____

Today's Date _____ Date of Birth _____ MRN (UVM use only) _____

Please send or fax the following in addition to this request form:

- **Copy of most recent clinic notes relating to indication for this request if not in Epic**
- **Current medication list and updated problem list**
- **Any Imaging, Labs, Procedure or Test Reports performed (at non-UVM Medical Center facility)**

Patient's Phone - Indicate Preferred Number Home _____ Mobile _____ Work _____		Referring Physician: _____ Point of Contact: _____ Direct / Backline phone #: _____
Time Frame: <input type="radio"/> Routine <input type="radio"/> Urgent <input type="radio"/> STAT		
Specific Dx or Clinical Indication: _____ All referrals must be accompanied by recent assessment, plan and relevant notes pertaining to the Dx Specific Provider Preference or Any? _____		
Please Review the Items Below as Additional Information, Labs and/or Imaging May Be Required Prior to Triage		
Sinus-Related-Adults only	Recent (within 3 years) CT Sinus images & report required. Please do not refer patient until after CT has been done and reviewed. - referral will be denied without CT Sinus imaging and report	
Facial / Nasal Fracture	Date of Injury: _____	
Dysphagia	Any co-occurring Dx / Sx? If Yes – Details – attach notes if appropriate	
Sleep Apnea/ OSA/Snoring Adults only	Recent (within 2 years) Sleep Study must accompany referral -must have failed CPAP. Referral must come from UVM Medical Center Sleep center.	
Tonsillitis	Please complete Tonsil form for past 3 years	
Cough	Smoker or Non-Smoker?	
Foreign Body (ENT)	Date of Injury / Sx _____	Details _____
Hearing Loss	Sudden Y or N Date of Onset: _____	
Vertigo / Dizziness	Access and complete online Vertigo Questionnaire – include with referral	
Otitis Media	Please complete ear infection form Does the patient have a speech delay? YES or NO	
Audiology		
Cochlear Implant Eval	Recent Hearing Tests / Audiogram	
Implant Transfer of Care	Clinical documentation and programming files	
Failed Newborn Hearing Screening	Discharge Summary from Birthing Hospital if not UVM. Include Technology used and Outcomes of UNHS	

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Please complete and return to our office by fax or mail. Fax: 802-847-8198. If questions, call 802-847-4535

Address: UVM Medical Center ENT @ WP4 - 111 Colchester Ave - Burlington, Vermont 05401