**REFERRAL FORM FOR CONSIDERATION OF TONSILLECTOMY SURGERY**

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| **PATIENT DETAILS** | | | | |
| Date of Referral: |  | Date Referral Received: |  | |
| GP Practice: |  | Referring GP: |  | |
| Patient Initials: |  | Patient DoB: |  | |
| NHS Number: |  | Hospital Number (if known): |  | |
| **POLICY STATEMENT – extract from full policy, which is accessible via this link**  [**http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39308**](http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/?assetdet1029359=39308) | | | | |
| Referral for tonsillectomy is recommended when :   * There is suspicion of malignancy, typically squamous carcinoma or lymphoma **OR**   **🏳** Severe tonsillitis or peritonsillar abscess (quinsy) resulting in hospitalisation **OR**  **🏳** Tonsillar enlargement causing upper airways obstruction **OR**   * Tonsillar enlargement causing sleep disruption in children witnessed by their parents or carers **OR** * 7 or more well documented, clinically significant,\* adequately treated\*\* sore throats in the preceding year **OR** * 5 or more such episodes in each of the preceding two years | | | | **Tick All That Apply**  **2WW Referral**  **Urgent Referral**  **Urgent Referral**  Yes  No  Yes  No  Yes  No |
| \* A clinically significant episode is determined as symptom duration of several days, which is disabling and prevents normal functioning (e.g. school or work loss, lost sleep and inability to eat).  \*\* Adequately treated means treatment with antibiotics in cases of proven or suspected streptococcal infection. | | | | |

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| **EXAMINATION/PMH/DH/ALLERGIES** |
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| **REFERRAL CRITERIA** | |
| Are there any co-morbidities that need to be considered before surgery?  (Please provide details above) | Yes  No |
| Have relevant co-morbidities been optimised as far as possible and the patient is willing to consider surgery at the time of referral? | Yes  No |
| **PATIENTS NOT MEETING THE POLICY** | |
| For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has clinically exceptional circumstances, an Individual Funding Request may be considered. The referring clinician should consult the Commissioner’s “Operational Policy for Individual Funding Requests” document for further guidance on this process.  <http://www.redditchandbromsgroveccg.nhs.uk/strategies-policies-and-procedures/commissioning-ifr-policies-a-z/> | |