# 41. TONSILLECTOMY REFERRAL FORM

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| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address buildingSender address roadSender address post town |
| Address | Patient address housePatient address roadPatient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient AgeDate of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |       |

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| --- |
| Diagnosis and relevant history:      |
| Current (incl repeats) and past relevant medication & reason for stopping:      |
| Allergies:Allergies |

### Referral Criteria (tick those that apply):

Tonsillectomy will only be commissioned in accordance with the criteria specified below for recurrent acute sore throat in adults and children in the following circumstances:

* The sore throats are due to tonsillitis [ ]

**AND**

* The episodes of sore throat are disabling and prevent normal functioning [ ]

**AND**

* Seven or more well documented, clinically significant, adequately treated episodes of sore throat in the previous year; [ ]

**OR**

* Five or more such episodes, treated with antibiotics, have occurred in each of the preceding two years [ ]

**OR**

* Three or more such episodes have occurred in each of the preceding three years [ ]

In addition there is no restriction on funding for tonsillectomy to treat the following conditions:

* Peritonsillar abscess (quinsy)
* Adult obstructive sleep apnoea with tonsillar enlargement (if trials of continuous positive airway pressure (CPAP) and the use of mandibular advancement devices are unavailable or unsuccessful).
* Severe neck infection
* Excluding possible malignancy eg lymphoma
* Sleep disordered breathing (apnoea) in children
* Patients with sore throat who have stridor, progressive dysphagia, bleeding, increasing pain or severe systemic symptoms (may require hospital admission)
* Tonsil bleeding

Tonsillectomy for the treatment of halitosis associated with tonsillar debris will not be routinely commissioned

**Treatment in all other circumstances is not normally funded and should not be referred unless there is prior approval by the Individual Funding Request Panel.**

If the patient does not meet any of the above criteria state reason for referral:

Has funding been approved by the Individual Funding Request Panel

(Please tick) [ ]

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### For Trust usage

Patient listed for surgery: Yes [ ]  No [ ]

Comments: