

Please send this form with the referral letter or to the consultant who you sent the referral to

Patient Name:	\$(Title_and_surname) \${Forename}
Address:	\$(Patient_address)
Date of Birth:	\$(Date_of_birth)
NHS Number:	\$(NHS_number)
Consultant/Service to whom referral will be made:	
Institution:	

T52 Earwax Removal in Secondary Care

Information Governance Statement

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient's medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information?

Y/N

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.

Instructions for use:

To Referring Clinicians (e.g. GP's): Please refer to the full policy and complete the box below prior to referral and provide evidence to support the criteria.

To Consultants: Please refer to the full policy, complete the box below and ensure there is evidence that the criteria are met.

WS CCGs will only fund Earwax Removal In Secondary Care when the following criteria have been met:

*In ordinary circumstances, referral should not be considered unless the patient meets **one** of the following criteria.*

Patients with symptoms associated with impacted earwax who have twice received irrigation in primary care without success OR	Y/N
The person has (or is suspected to have) a chronic perforation of the tympanic membrane	Y/N
There is a past history of ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an ENT department)	Y/N
There is a foreign body, including vegetable matter, in the ear canal	Y/N
Ear drops have been unsuccessful, despite using effective application technique and irrigation is contraindicated. **	Y/N

Please Indicate:

