



DT9290

## OTOLARYNGOLOGY HEAD AND NECK SURGERY CONSULTATION ADULT AND PEDIATRIC

**Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.**

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation	Clinical priority scale: A: ≤ 3 days	B: ≤ 10 days	C: ≤ 28 days	D: ≤ 3 months	E: ≤ 12 months
<b>Otology</b>	Deafness <input type="checkbox"/> With language delay (children) <input type="checkbox"/> Chronic deafness assessment <i>(Recommended: audiogram)</i>	<b>D</b>	<b>Others</b>	Adenoid and tonsils hypertrophy <input type="checkbox"/> With suspected sleep apnea more than 3 months	<b>D</b>
	<input type="checkbox"/> Repeated otitis or persistent serous otitis media (more than 3 months)	<b>D</b>		<input type="checkbox"/> Without sleep apnea	<b>E</b>
	<input type="checkbox"/> Symptomatic tinnitus for more than 6 months <i>(Recommended: audiogram)</i>	<b>E</b>		<input type="checkbox"/> Recurrent tonsillitis	<b>E</b>
	Vertigo <input type="checkbox"/> Severe, abnormally debilitating with normal neurological exam <input type="checkbox"/> Recurrent or getting worse over several weeks	<b>C</b>		<input type="checkbox"/> Thyroid nodule <i>(Prerequisite: Order TSH et ultrasound)</i>	<b>D</b>
	<input type="checkbox"/> Acute peripheral unilateral facial paralysis ▶ <i>Start oral steroids and antiviral medication<sup>1</sup></i>	<b>C</b>		Recent voice change <input type="checkbox"/> Constant with no improvement, lasting more than 4 weeks	<b>C</b>
<b>Rhinosisinitis</b>	<input type="checkbox"/> Recurrent and chronic epistaxis	<b>D</b>	<input type="checkbox"/> Chronic or intermittent voice change	<b>D</b>	
	<input type="checkbox"/> Displaced nasal fracture ▶ <i>If septal hematoma see Legend<sup>2</sup></i> ▶ <i>Nasal XR not recommended</i>	<b>B</b>	Neck mass <input type="checkbox"/> Suspicious of cancer (Risk factors: alcohol, smoking, new finding or rapid growth)	<b>B</b>	
	<input type="checkbox"/> Chronic rhinosinusitis or recurrent sinusitis (more than 3 per year)	<b>E</b>	<input type="checkbox"/> Without suspicion of cancer	<b>D</b>	
	<input type="checkbox"/> Chronic rhinitis or chronic nasal obstruction/septal deviation	<b>E</b>	Oral lesion <input type="checkbox"/> Suspicious of cancer <input type="checkbox"/> Benign	<b>B</b>	
			<input type="checkbox"/> Head and neck skin lesion, suspicious for non-melanocytic cancer	<b>D</b>	

<input type="checkbox"/> <b>Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):</b>	Clinical priority
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<b>Suspected diagnosis and clinical information (mandatory)</b>	<b>If prerequisite is needed:</b>
	<input type="checkbox"/> Available in the QHR (DSQ) <input type="checkbox"/> Attached to this form <input type="checkbox"/> Ordered

<b>Special needs:</b>		<b>Stamp</b>
<b>Referring physician identification and point of service</b>		
Referring physician's name		
Licence no.		
Area code Phone no. Extension Area code Fax no.		
Name of point of service		
Signature		
Date (year, month, day)		
<b>Family physician:</b> <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		<b>Registered referral (if required)</b>
Family physician's name		If you would like a referral for a particular physician or point of service
Name of point of service		

## Legend

<sup>1</sup> **For patients 16 and older presenting with idiopathic acute peripheral facial paralysis in the first 72 hours and with no treatment contraindications:**

Oral corticotherapy is strongly recommended. A treatment of 50 mg of prednisone once a day for 10 days is effective therapy. Concurrent prescription of antivirals is at the clinician's discretion. However, prescribing antivirals without corticotherapy is discouraged. It is also recommended to prescribe ocular lubricant along with artificial tears and nighttime eye protection as needed. (American Academy of Otolaryngology Head and Neck Surgery).

<sup>2</sup> If the patient has a nasal fracture with a septal hematoma, refer to the Emergency department.

### Clinical alerts (non-exhaustive list)

#### Contact the on-call ENT physician

- Major uncontrolled epistaxis
- Nasal fracture with **septal hematoma**<sup>2</sup> (refer to the Emergency-department)
- Peritonsillar abscess
- Acute external otitis with complete stenosis of the external ear canal or cellulitis