



NEW PATIENT REFERRAL CHECKLIST

1285 Waianuenue Ave. Hilo, Hawaii 96720

Phone: (808) 932-3940 Fax: (808) 933-3801

GENERAL REQUIREMENTS FOR ALL OTOLARYNGOLOGY PATIENTS

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous otolaryngology records if seen by another provider
- Please note EHH ENT clinic does not treat TMJ

TREATABLE CONDITIONS AND PROBLEM SPECIFIC REQUIREMENTS

<p><u>Ear Issues:</u> Tinnitus, Hearing Loss, Vertigo, Otagia, Tympanic Membrane Perforations, Recurrent Ear Infections, Impacted Cerumen</p> <p><input type="checkbox"/> Hearing test (ordered)</p>	<p><u>Obstructive Sleep Apnea</u></p> <p><input type="checkbox"/> Adults: sleep study</p> <p><input type="checkbox"/> Pediatric: do NOT need a sleep study</p>
<p><u>Head & Neck Masses (benign or malignant)</u></p> <p><input type="checkbox"/> CT and/or MRI w/contrast - if available</p>	<p><u>Thyroid/Parathyroid Masses</u></p> <p><input type="checkbox"/> Pertinent Labs</p> <p><input type="checkbox"/> Thyroid Ultrasound</p>
<p><u>Chronic/Recurrent Sinusitis</u></p>	<p><u>Allergic/Non-Allergic Rhinitis</u></p>
<p><u>Nasal Obstruction</u></p>	<p><u>Epistaxis</u></p>
<p><u>Facial Fractures</u></p> <p><input type="checkbox"/> CT Maxillofacial</p>	<p><u>Chronic Cough</u></p>
<p><u>Hoarseness/Voice Complaints</u></p>	<p><u>Dysphagia/Odynophagia</u></p>
<p><u>Chronic Tonsillitis & Peritonsillar Abscesses</u></p>	<p><u>Foreign Body (Ears/Nose)</u></p>