Western Health Adult Outpatients Referral Guidelines - Head and Neck

Western Health

REASON FOR REFERRAL

CANCER AREA SUSPECTED

Lip/Face	☐ YES	☐ NO
Oral Cavity	☐ YES	☐ NO
Nose/sinuses	☐ YES	☐ NO
Pharynx	☐ YES	☐ NO
Larynx	☐ YES	☐ NO
Neck	☐ YES	☐ NO
Salivary Gland	☐ YES	☐ NO
Thyroid	☐ YES	☐ NO
Other (Please specify)		

SPECIFIC INFORMATION

STRIDOR – Refer immediately to on-call ENT Registrar. Phone switch on 83456666 PAGE ENT registrar

HOARSENESS – Persisting more than 3 weeks with normal CXR – Do CXR before referral

	☐ Completed	☐ Ordered (Ensure patient brings results)
DYSPHAGIA – Persisting for more than 3 weeks	☐ YES	☐ NO
OTALGIA – (Persistent, no other cause) Unilateral	☐ YES	☐ NO
SORE THROAT- (Persistent, no other cause)	☐ YES	☐ NO
LUMP IN NECK –Unresolved neck mass more than 3 weeks	☐ YES	☐ NO
ORAL SWELLING – Persisting more than 3 weeks	☐ YES	☐ NO
PAINFUL RED/WHITE PATCHES ON ORAL MUCOSA	☐ YES	☐ NO
BLEEDING LESIONS OF THE ORAL CAVITY	☐ YES	☐ NO
THYROID NODULE INCREASING IN SIZE/OR COMPRESSION	☐ YES	☐ NO
UNEXPLAINED PERSISTENT PAROTID/SUBMANDIBULAR SWELLING	☐ YES	☐ NO
UNEXPLAINED TOOTH MOBILITY MORE THAN 3 WEEKS	☐ YES	☐ NO
OTHER (Please specify)		

GP Referral

Risk factors

MEDICAL

Smoking	☐ Yes	☐ No
Alcohol	☐ Yes	☐ No
Past History of Skin Cancer	☐ Yes	☐ No
Other:		

Is the patient a current smoker or has the patient smoked within the last 12 months? ☐ Yes ☐ No

If yes, referral to QUIT or provide smoking cessation assessment, advice and assistance is recommended

Referring doctor: Patient name: Date: / /