Patient Name:
Address:
Date of Birth:
NHS Number
Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Grommets in Adults

Instructions for use:
Please refer to policy for full details, complete the checklist and file for future compliance audit.

The CCG will only fund Grommets for Adults when the following criteria are met:

In ordinary circumstances, referral should not be considered unless the patient meets one or more of the following criteria.*	**Delete as appropriate**	
Persistent hearing loss for at least 3 months with hearing levels of 25dB or worse on pure tone audiometry **OR**	Yes	No
Recurrent acute otitis media – 5 or more episodes in the preceding 12 month period **or**	Yes	No
Eustachian tube dysfunction causing pain **OR**	Yes	No
Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk **OR**	Yes	No
As a conduit for drug delivery direct to the middle ear **OR**	Yes	No
In the case of conditions e.g. nasopharyngeal carcinoma, ethmoidal cancer, maxillectomy, olfactory neuroblastoma, sinonasal cancer, and complications relating to its treatment (including radiotherapy), if judged that the risks outweigh the benefit by the responsible clinician **or**	Yes	No
Part of a more extensive procedure at Consultant's discretion such as tympanoplasty, acute otitis media with facial palsy	Yes	No

** If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further information.*