

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

Please send this form with the referral letter.

Surgical intervention for chronic rhinosinusitis

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS

Evidence Based Interventions Phase II policy confirms that referral to secondary care will only be funded when the following criteria are met:

	Delete as appropriate	
In ordinary circumstances*, referral should not be considered unless the following criteria are met		
A clinical diagnosis of chronic rhinosinusitis has been made in primary care and patient still has moderate/ severe symptoms after a 3-month trial of intranasal steroids and nasal saline irrigation	Yes	No
In the case of chronic rhinosinusitis with nasal polyps there has been no improvement in symptoms 4 weeks after a trial of 5-10 days of oral steroids (0.5mg/kg to a max of 60 mg)	Yes	No
Patient has nasal symptoms with an unclear diagnosis in primary care	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the CCG's Individual Funding Request policy for further information*

Any patient with unilateral symptoms or clinical findings, orbital, or neurological features should be referred urgently / via 2-week wait depending on local pathways

