NORTH HILLS ENT

GEOFFREY SCOTT, MD, FACS

OTOLARYNGOLOGY-HEAD & NECK SURGERY

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NorthHillsENT.com

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Grand Prairie, TX 75051

Consult Request

Patient Name:_____ Phone: (____) _____
DOB: _____ Primary Insurance: _____ Policy Number: _____
Group Number:_____ Insurance Phone Number:_____
Diagnosis: _____ ICD-9/10: _____ CPT:_____
Location: (Please check preferred location) ☐ North Richland Hills Office ☐ Grand Prairie Office

Reason for Referral: (Please circle reason for referring)

Ear Concerns:
Hearing Loss | Hearing Aids | Ringing in Ears | Ear tubes | Ear Pain | Ear Wax
Ear Infection | Swimmer's Ear | Ear Drainage | Ear Foreign Body | Other:_____

Nose Concerns:
Chronic Sinusitis | Acute Sinusitis | Nasal Obstruction | Deviated Septum | Sinus Pain | Nose Bleeds
Post Nasal Drip | Chronic Congestion | Adenoids | Nasal Fracture | Sinus CT | Other: _____

Throat Concerns:
Chronic Cough | Mouth Sores | Sore Tongue | Sore Throat | Difficulty Swallowing | Painful Swallowing
Heartburn | Laryngitis | Tongue Tie | Reflux | Strep Throat | Tonsillitis
Hoarseness | Voice Problems | Airway Obstruction | Other:_____

Head and Neck Concerns:
Thyroid Nodule | Thyroid Ultrasound | Thyroid Biopsy | Parathyroid Adenoma | Neck Mass | Swelling in Neck
Neck Pain | Neck Abscess | Facial Abscess | TMJ Pain | Other:_____

Sleep: Snoring | Sleep Apnea | Sleep Disorders | Insomnia | Disturbed Sleep
Other:_____

Allergy/Asthma: Allergy Testing | Immunotherapy | Hay Fever | Itchy Eyes
Asthma | Spirometry/DLCO/FeNO | Other:_____

Speech Pathology: Swallow Evaluation/FEESST | Voice Evaluation | Vocal Cord Evaluation | Videostroboscopy
VitalStim/Pharyngocise | Esophageal Manometry | Swallowing Treatment | 24hr. PH Testing
Pediatric Speech Evaluation | Pediatric Speech Therapy

Primary Care Physician (PCP):_____ Phone Number:_____

Referring physician: _____ Phone Number:_____

Has Patient had a recent CT/MRI/X-ray of area being consulted? YES NO

Please have patients bring report and disc of all imaging related to the visit, and all lab reports related to the visit.

Fax: ☐ Demographics ☐ Insurance Card ☐ Progress Notes ☐ Imaging Reports ☐ CD/Films

*For Office Use: Appointment Date/Time:*_____ *Provider Name:*_____