DR. JUSTIN KHETANI, MD FRCSC
Otolaryngology · Head & Neck Surgery · Rhinology

REFERRAL FAX (905) 639-2253
Office (905) 639-2244 · 1435 Plains Rd E, Unit 5, Burlington ON L7R 3P9

Referral *for physicians and nurse practitioners*

Please complete both pages, mark the urgency, and attach any imaging report, prior consultation notes and the medication list. Your own EMR referral template is equally welcome; this form is a convenience, not a requirement.

URGENCY (mark one; the first line of the referral is read first)

☐ Routine ☐ Expedited: nasal polyps confirmed on CT (report attached) ☐ Urgent: unilateral or atypical findings
☐ Urgent: nasal fracture — date of injury _____ (please also telephone the office) ☐ Other urgent: _____

Emergencies go to the emergency department, not by fax: orbital swelling or visual change with sinusitis, uncontrolled epistaxis, a suspected septal hematoma or abscess, or clear watery rhinorrhoea after injury or surgery.

1 PATIENT

Last name | First name | Date of birth (YYYY-MM-DD) | Sex

Health card number | Version | Telephone (primary) | Telephone (alternate)

Address | Email (optional)

May the office leave a voicemail? ☐ Yes ☐ No Interpreter / accessibility needs: _____

2 REFERRING CLINICIAN

Name | Billing number | CPSO / CNO number | Date of referral

Clinic name and address | Telephone | Fax (for the consultation note)

Signature

A consultation note is sent to the fax number above after the visit.

3 REASON FOR REFERRAL (MARK ALL THAT APPLY)

☐ Nasal obstruction side: L R both
☐ Recurrent acute sinusitis episodes / year: ____
☐ Septal perforation
☐ Assessment for biologic therapy
☐ Chronic rhinosinusitis without polyps
☐ Loss or distortion of smell onset: _____
☐ Nasal deformity with breathing problem
☐ Other: _____
☐ Chronic rhinosinusitis with nasal polyps
☐ Nasal fracture / injury date: _____
☐ Recurrent epistaxis

Duration of the problem | Brief history and what you would like assessed

4 TREATMENT ALREADY TRIED, AND THE RESPONSE

Treatment	Product / details	Duration	Response
☐ Intranasal corticosteroid spray (daily use, technique reviewed)			☐ none ☐ partial ☐ good
☐ Corticosteroid rinse (e.g. budesonide in saline)			☐ none ☐ partial ☐ good
☐ Saline irrigation, large volume			☐ none ☐ partial ☐ good
☐ Oral corticosteroid (number of courses in past 12 months: ____)			☐ none ☐ partial ☐ good
☐ Antibiotics (number of courses in past 12 months: ____)			☐ none ☐ partial ☐ good
☐ Antihistamine / allergy treatment			☐ none ☐ partial ☐ good
☐ Other: _____			☐ none ☐ partial ☐ good

5 INVESTIGATIONS

☐ CT sinuses done — date / site: _____ ☐ report attached ☐ not done (not required to refer)

☐ Allergy testing (results attached) ☐ Sleep study ☐ Previous otolaryngology consultation (notes attached)

☐ Previous nasal or sinus surgery — year and procedure: _____ ☐ operative report attached

6 RELEVANT HISTORY (MARK ALL THAT APPLY)

☐ Asthma
☐ Immunosuppression
☐ Diabetes
☐ Previous nasal injury
☐ Aspirin / NSAID sensitivity
☐ Bleeding disorder
☐ Smoking or vaping
☐ Sleep-disordered breathing / OSA
☐ Allergic rhinitis
☐ Anticoagulant / antiplatelet: _____
☐ Pregnancy or breastfeeding
☐ Other: _____

7 CURRENT MEDICATIONS AND ALLERGIES

☐ Cumulative patient profile / medication list attached

_____

_____

_____

8 ATTACHMENTS

☐ CT report ☐ Prior consultation notes ☐ Operative report ☐ Allergy testing ☐ Medication list ☐ Other

What to expect: the office logs the referral on receipt, triages it by urgency, contacts your office if anything essential is missing, and calls the patient directly to arrange the consultation. Nasal polyps confirmed on CT are assessed within four months of referral under the Canadian Rhinologic Society Centres of Excellence listing; nasal fractures are prioritised because repositioning is time-sensitive. Full referral guidance, including what to include for each condition, is on the Referring Physicians page of the practice website.