**Division of Otolaryngology**

The American Academy of Otolaryngology – Head and Neck Surgery recommends these guidelines for tonsillectomy due to tonsil hypertrophy: evidence of obstructive sleep disordered breathing (oSDB) or polysomnography documenting obstructive sleep apnea (OSA).

**If you are requesting an expedited appointment with ENT**, please complete the following questions and return with corresponding medical records.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Documentation of tonsil hypertrophy Yes No
* Concerns for growth retardation/FTT Yes No
* Asthma Yes No
* Nightly snoring Yes No
	+ Witnessed pauses or gasping Yes No
* Nocturnal enuresis Yes No
* Restless sleep Yes No
	+ Documented low iron/ferritin Yes No
* Frequent waking at night Yes No
* Daytime fatigue/somnolence Yes No
* Concern for poor school performance Yes No
* Behavior concerns and/or ADHD Yes No
* Chronic mouth breathing Yes No
* Dysphagia or prolonged chewing Yes No

Please note if the patient has any syndromes, craniofacial abnormalities, or BMI >85%: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If sleep study has been completed, please include results.

Please fax this form to Children’s Mercy Ear, Nose and Throat Clinic at (816) 302-9896.

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Mitchell, R.B., Archer, S.M., Ishman, S.L., Rosenfeld, R.M., Coles, S., Finestone, S.A., Friedman, N.R., Giordano, T., Hildrew, D.M., Kim, T.W., Lloyd, R.M., Parikh, S.R., Shulman, S.T., Walner, D.L., Walsh, S.A. and Nnacheta, L.C. (2019), Clinical Practice Guideline: Tonsillectomy in Children (Update). Otolaryngology–Head and Neck Surgery, 160: S1-S42.