**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR**

**TONSILLECTOMY (CHILDREN AND ADULTS)**

### PATIENT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | | |
| **DATE OF BIRTH** |  | **NHS NUMBER** |  |
| **ADDRESS** |  | | |
| **REFERRING GP** |  | | |

### ADDITIONAL INFORMATION

**Please tick all the boxes that apply to your patient**

|  |  |
| --- | --- |
| Sore throats are due to acute tonsillitis |  |
|  |  |
| Episodes of sore throat are disabling and prevent normal functioning as evidenced by three of the following criteria |  |
| (tonsillar exudates, tender anterior cervical lymph nodes, history of fever, absence of cough) |  |

Please supply the dates of disabling episodes of tonsillitis when your patient has been seen and treated over the past 3 years

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| Two documented episodes of quinsy |  |
| Severe halitosis secondary to tonsillar crypt debris |  |
| A child with failure to thrive due to difficulty eating solid food |  |

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| --- |
| Please provide any other relevant information in support of your request: |

GP Signature ………………………………………… Date ………………………………..