

## ***PCP Checklist for Tonsillectomy in Children***

<b>Member information</b>	
Member name:	
Date of birth:	Member ID number:
PCP name:	
Accompanying referral number:	Referral date:

<b>PCP to complete and send to ear, nose, and throat (ENT) specialist</b>	
1.	Has the member had a pattern of recurrent throat infections? (Check as applicable.) <input type="checkbox"/> 7 episodes in the past year <input type="checkbox"/> 5 episodes per year for 2 years <input type="checkbox"/> 3 episodes per year for 3 years
Has at least one of the following been associated with every episode? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Temperature &gt; 38.3°C (100.94°F)</li> <li>• Cervical adenopathy</li> <li>• Tonsillar exudates or erythema</li> <li>• Positive test for Group A <math>\beta</math>-hemolytic streptococcus (GABHS)</li> </ul>	
<b>Or</b>	
2.	Does the member have history of recurrent throat infections with any of these factors? (Check all that apply.) <input type="checkbox"/> Multiple antibiotic allergies/intolerances <input type="checkbox"/> Periodic fever, aphthous stomatitis, pharyngitis, and adenitis (PFAPA) syndrome <input type="checkbox"/> Peritonsillar abscess
<b>Or</b>	
3.	Does the member have the following? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>• Tonsillar hypertrophy, a diagnosis of sleep-disordered breathing, and a condition related to the sleep-disordered breathing (for example, growth retardation, poor school performance, enuresis, and behavioral problems) that is likely to improve after tonsillectomy.</li> </ul>
4.	Is there a suspicion of tonsillar malignancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
PCP signature:	