**Audiology Referral**

**Patient Details:**

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| --- | --- | --- | --- | --- | --- |
| Hospital no. |  | NHS no. |  | | |
| Surname |  | Forenames |  | | |
| Previous surname |  | Title |  | Sex |  |
| Date of birth |  |  |  | | |
| Address  Post Code |  | Home tel. no. |  | | |
| Work tel. no. |  | | |
| Mobile no. |  | | |

**Referral Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referring clinician |  |  | | | |
| GP Practice/ Ward / Clinic |  | **Reason for referral**  **Please tick** | Hearing Test | Assessment  for hearing aids | Reassessment of existing NHS hearing aid patient |
|  |  |  |

**Communication and Accessibility needs:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes |  | No |  | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | Learning Disability: |  | | | |
| Hearing: |  | | | | Other disability needing consideration: |  | | | |
| Vision: |  | | | |  |  | | | |

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| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

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| **Referral Criteria**   * **PATIENT’S EARS ARE CLEAR OF WAX – patients who attend where the tympanic membranes are not at least partially visible will be referred back to the GP. A satisfactory hearing assessment and any subsequent hearing aid fitting cannot be carried out in the presence of excessive wax.** * **Patient is aged 55 or above for new hearing aid patient assessment** * **Both ear drums are seen and healthy looking** * **No Otalgia or discharge in the last 90 days** * **Hearing loss is equal in both ears** * **No unilateral or pulsating tinnitus of recent onset** * **No sudden deafness** * **No conductive element** |

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| **Additional Information:** e.g private hearing aid user, previous NHS Audiology Dept information |

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| **Medication:** |

**Please refer via** [sft.audiology@nhs.net](mailto:sft.audiology@nhs.net)