**Audiology Referral**

 **Patient Details:**

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

**Referral Details:**

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

 **Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 eRS**