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|  | Description: Image result for city and hackney ccg |

**AUDIOLOGY REFERRAL FORM**

**Please use this form for existing hearing aid users repairs and follow-up and**

**new patients over 18 years and over 30 years who have not been fitted previously**

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| **PATIENT** | **REFERRER** |
| NHS Number |  | Name |  |
| Forename |  | GMC/HPC/NMC No |  |
| Surname |  | Address |  |
| Address |  |  |  |
| Date of Birth |  | Referring CCG Code |       |
| Telephone (Home) |  | Referring Practice Code |  |
| Telephone (Work) |   | Telephone No. (**for urgent clinical findings)** |  |
| Telephone (Mobile) |   | Fax No. |  |
| E-mail Address |  | NHS.net mail only |  |
| Gender |  | Eligible for and does require NHS funded transport?**(car transport only)** Yes [ ]  |
| Physical/Communication difficulties (specify if any):      | Wheelchair user? Yes [ ]  |
| If interpreter required, language:       | The patient must be ambulant, or if a wheelchair user they must be able to transfer independently onto the examination couch. |
| Ethnicity: ~[Ethnicity] |  |
| **PRESENTING COMPLAINT & PROVISIONAL DIAGNOSIS**Please provide as much relevant clinical information as possible to assist with the interpretation of the referral and results.

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| Date of referral  |
| **Please can you ensure that the patients ears are clear of wax if possible before their appointment.** |
| Has the patient previously been fitted with a hearing aid?Date of last hearing assessmentIf previous hearing assessment in last four months, please attach results. | Yes[ ]  No[ ] **/** **/**  |
| **Please post, fax or e-mail this form to the InHealth Patient Referral Centre****Sandbrook House, Sandbrook Way, Rochdale, Lancashire OL11 1RY****Tel: 0333 202 0297 Fax: 0333 200 1163 E-mail: london.prc@nhs.net** | **www.inhealthgroup.com****Version: August 2017** |