**Referral Grade:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Routine** | **Please tick** [ ]  | **Urgent** | **Please tick** [ ]  |

**Patient Details:**

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

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring clinician |       | Usual GP [ ]  | Locum GP [ ]  |
| GP Practice |       | Practice Code |       |
| Practice AddressTelephone      |       | **Reason for referral**Please tick | **New presentation** Hearing Aid Assessment[ ]  | **Transfer** of existing NHS hearing aid patient[ ]  |
| If Transferring: Details of previous provider |

|  |
| --- |
| Please assess this patient under the Audiology Direct Referral scheme, due to concerns about their hearing.[ ]  I confirm this patient:(tick if all bullet points are true; otherwise refer to West Hampshire Community ENT Service)* **Has both ears clear of all wax**
* **Has intact and healthy ear drums**
* **Does not report fluctuating hearing loss, ear pain longer than 7 days or discharge within 90 days**
* **Does not report unilateral hearing loss and/or unilateral or troublesome tinnitus**
* **Does not report sudden onset or rapid deterioration of hearing loss**
* **Does not report suffering with dizziness (vertigo)**
* **No conductive element**

[ ]  This patient is interested in having hearing aids if suitable. |

**HearCheck results – if undertake:**

Enter number of tones heard (0 – 3)

|  |  |  |
| --- | --- | --- |
|  | RIGHT | LEFT |
| Low tone |  |  |
| High tone |  |  |

**Current Medications:**

**Additional relevant information:**

**This form should be attached to the NHS E-Referral Service Referral.**

**This form should be attached to the NHS E-Referral Service Referral.**

**This Form should be used when Referring to Specsavers, Scrivens, InHealth or HHFT LQP Audiology Service.**