**Referral Grade:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Routine** | **Please tick** | **Urgent** | **Please tick** |

**Patient Details:**

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

**Referral Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referring clinician |  | Usual GP | | Locum GP |
| GP Practice |  | Practice Code |  | |
| Practice Address  Telephone |  | **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.**