

# Referral Form: Audiology

Clinical assessment service for testing, fitting and providing hearing aids (for patients aged 18 or over).

## EXCLUSIONS

This clinic is **NOT** for the following cases:

- Patients under 18
- Otalgia for up to 7 days within 3 months pre appointment
- Non-wax ear discharge within 3 months pre appointment
- Sudden hearing loss (requires immediate ENT opinion)
- Tinnitus and vertigo
- If hearing aid has been fitted during last 12 months
- Noise-induced hearing loss, patient must be away from the source for 24 hours pre appointment

## PATIENT DETAILS

NHS Number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Domiciliary visit needed (based on clinical need)?

No  Yes

**Please give details of relevant medical history (including previous and current treatment and medications):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REFERRING CLINICIAN DETAILS

Practice G8 ref \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

### Wax-free ears only please!

Ears must be free from occluding wax or the patient will not be seen. *\*If you answer 'No' to the question below, please defer referring your patient until the answer is 'Yes'.*

Are your patient's ears wax-free?  YES  No\*

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**PLEASE POST/FAX COMPLETED FORM TO:  
 Audiology Outpatient Clinic, Wye Surgery  
 Oxenturn Rd, Wye, Kent, TN25 5AY.**

**Tel: 01233 884 585 ext 222  
 FAX: 01233 811408 Email:  
 accg.wyesurgeryclinics@nhs.net**