

# Referral Form: Audiology

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

## EXCLUSIONS

This clinic **DOES NOT** accept referrals for:

- Patients under 18
- Otolgia 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 \_\_\_\_\_

Mobile phone \_\_\_\_\_

Other phone \_\_\_\_\_

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

Domiciliary visit?  YES  NO  
*Based on clinical need*

## REFERRAL DETAILS

Give details of presenting condition + relevant medical history (including previous/current treatment/medications)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERRING CLINICIAN DETAILS

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

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

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

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

Postcode \_\_\_\_\_

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

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

### ONLY - Wax-free ears please!

Ears must be free from occluding wax or the patient cannot be seen.

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

**\*If No, please do not refer to this clinic, yet.**

Signed \_\_\_\_\_

Dated \_\_\_\_\_



Email this referral to:  
**accg.wyesurgeryclinics@nhs.net**

Alternatively fax or post to: Outpatient Clinics,  
Wye Surgery, Oxenturn Rd, Wye, Kent TN25 5AY  
Tel 01233 884 585 Ext 2222 Fax 01233 811408