

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
- 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 _____

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:
kmccg.wyesurgeryclinics@nhs.net

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