**Newcastle upon Tyne Hospitals – Freeman Hospital**

**AUDIOLOGY HEARING ASSESSMENT REFERRAL**

|  |
| --- |
| **This Person Needs Support with their Appointment****Please indicate any communication support you use when interacting with this person:** **Interpreter Needed** [ ]  **Language required** [ ] **Learning Disability** [ ]  *Please indicate if this disability is*: **Mild** [ ]  **Moderate** [ ]  **Severe** [ ] **Ambulance Transport Required** [ ]  |
| **Date Of Referral:** |  |
| **Name** |  | **Previous name** |  |
| **Date of Birth** |  | **Age** |  | **Gender** |  | **NHS Number** |  |
| **Address** |  | **Telephone** | **Home:** **Mobile:** **Alt. No:**  |
| **Name of Referrer** |  | **Surgery Phone:****Surgery Fax:** |  |
| **Surgery Address** |  | **Practice Code:** |  |
| **Ethnicity** |  |
| **Referral instructions**Please use eReferral to make this Audiology appointment  |

**Patient Questionnaire (Please complete all questions)**

|  |  |
| --- | --- |
| Does the patient have hearing aids provided by NUTH? | Yes [ ]  No [ ]  If Yes please direct them, to AudiologyContact details below.**There will be no need to continue with this referral** |
| Does the patient have significant wax in their ears?Please do not refer without carrying out otoscopy in both ears. | Yes [ ]  No [ ]  If Yes please provide primary care treatment and do not continue referral until it has been resolved.  |
| Has the patient had a sudden hearing loss within the last 3 weeks? | Yes [ ]  No [ ] If yes this requires an urgent referral to ENT Casualty |
| Does the patient have pulsatile or sudden onset tinnitus (within the last 30 days) | Yes [ ]  No [ ] If Yes this requires referral to ENT |
| Does the patient have recurrent active infections? | Yes [ ]  No [ ] If Yes, this requires referral to ENT |
| Does the patient feel they have a significant problem with their hearing?  | Yes [ ] No [ ] If no please consider communication tactics etc which can be found on the trust website. |
| Would they consider hearing aids if suitable? | Yes [ ] No [ ] **If no,** **there will be no need to continue with this referral** |
| Are there any current medical conditions/investigations that we need to be aware of?eg chemotherapy, memory clinics, recent stroke etc as these are known to be related to some hearing issues. | Yes [ ] No [ ]  |

Appointments are available at the following locations / outreach clinics; Freeman Hospital, Berwick (Union Brae Surgery), Alnwick,, Corbridge Medical Centre, North Tyneside General Hospital, Battle Hill Health Centre, Benfield Park Health Centre and Morpeth Health Centre.

**Should you experience any technical difficulties please send as an email attachment to** **tnu-tr.audiology@nhs.net** **(via an nhs.net account)**

**Contact name for the Audiology Dept is Mrs Kate Johnston, Phone: 0191 2231043**