**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)**

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| --- | --- |
| Does the patient have hearing aids provided by NUTH? | Yes  No  If Yes please direct them, to Audiology  Contact 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**](mailto:tnu-tr.audiology@nhs.net) **(via an nhs.net account)**

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