**Newcastle upon Tyne Hospitals – Freeman Hospital**

**PAEDIATRIC AUDIOLOGY HEARING ASSESSMENT REFERRAL**

**(6 months – 4 yrs old and for children with special needs)**

We will only accept **electronic** **referrals via email or eReferral** from Speech and Language Therapists, GP’s, Health Visitors and School Nurses. There must be a genuine parental or professional concern about the child’s hearing; this is not a screening service.

Please use eReferral to make this Audiology referral (located under Children and Adolescents – Audiology and choose 4 yrs and under service). For patients UNDER 6 MONTHS please contact the Head of Audiology on tel: 0191 223 1043 for advice.

Only to be used for children resident in Newcastle, North Tyneside and Northumberland

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Of Referral:** | | | |  | |
| **Patient Name** |  | | | **Previous name** |  |
| **Date of Birth** |  | **Gender** |  | **NHS Number** |  |
| **Address** |  | | | **Telephone Home:**  **Mobile:**  **Alt. No:** |  |
| **Name, Address and Job Title of Referrer** School/Nursery/ Speech Language Therapist/ Health Visitors |  | | | **Surgery Phone:**  **Surgery Email:** |  |
| **Do you require a copy of the results in addition to GP?** | | | **YES/NO** | **Practice Code:** |  |
| **Ethnicity** |  | | **Interpreter Required?** | **Y/N** | **If Y specify language:** |
| **Special Requirements?** If yes please state:  (eg Hearing Loop, Wheelchair Access,) | | | | | |

**Please provide the following information**

|  |  |
| --- | --- |
| Outcome of any previous hearing assessments |  |
| Are there any hearing concerns? Or is this assessment part of further investigations? |  |
| Known eyesight difficulties |  |
| Is the child able to sit with minimal support? OR  Is the child able to follow simple instructions, including waiting? |  |
| Do they have any sensitivities or dislikes?  (noise, new environments, having their ears touched, having items on their head) |  |
| Known behavioural or developmental diagnosis |  |

**All GPs should please process this referral on eReferral. If Health visitors, school nurses or speech and language therapists do not have access to eReferral via the GP, then please email a copy to** [**nuth.AudiologyReferrals@nhs.net**](mailto:nuth.AudiologyReferrals@nhs.net) **via an NHS,net account or .gov account and write “secure” in the subject line.**

**PAPER COPIES ARE NO LONGER ACCEPTED.**

Appointments are available at the following locations / outreach clinics please indicate a preference;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Freeman Hospital |  | North Tyneside General Hospital |  | Cramlington Manor Walks |  |

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