**DEPARTMENT OF AUDIOLOGY**

**Hearing Assessment for Paediatrics under 18 years**

Please refer to the Devon Formulary and Referral websites for helpful primary care information for management of referrals and up to date referral criteria: <https://southwest.devonformularyguidance.nhs.uk/referral-guidance/south-devon-torbay/ent/hearing-loss-in-children>

**Referral:**  **Date of referral:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Details:** *Please ensure this information is up to date.* | | | | |
| Surname: | | Date of Birth: | | |
| Forename(s): | | Gender: | | Ethnicity: |
| Address (inc postcode): | | NHS Number: | | UBRN |
| Telephone Numbers: | Tel No (Home): | Tel No (work): | | Tel No (Mobile): |
| Patient’s email address |  | | |  |
| **GP Details:** | | | | |
| Referring GP: | | | Practice Address: | |
| Practice Name: | | |
| Practice Tel No: | | |
| Practice Email Address: | | |

|  |  |
| --- | --- |
| **Patient Information:** *Please answer the questions below* | |
| Does your patient have needs that can be accommodated with reasonable adjustments: |  |
| Does your patient have a cognitive impairment e.g. learning disability, dementia? |  |
| Does your patient have a sensory impairment? |  |
| Does your patient have a physical impairment? |  |
| Name of Carer/Family Member/Friend (if applicable) |  |
| Is an interpreter required? If yes please state language |  |

**Reason for referral including any previous otological problems** *(please include any hearing screening checks if recorded)***:**

**If any of the following questions are YES please refer to ENT via** [**e-Referral Service**](https://nww.ebs.ncrs.nhs.uk/)**.**

**Does the child have/suffer from?**

Recurrent [tonsillitis](http://www.southdevonandtorbayccg.nhs.uk/about-us/commissioning/policies/Documents/policy-surgery-tonsillectomy.pdf)/sore throats Y  N  (if **YES** please refer to Paediatric ENT clinic)

Persistent nasal problems Y  N  (if **YES** please refer to Paediatric ENT clinic)

**If speech and language concerns with no associated hearing problems please refer to** [**SALT**](https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwj-7Z6-27vXAhVnLZoKHSooD8oQFggmMAA&url=https%3A%2F%2Fwww.torbayandsouthdevon.nhs.uk%2Fservices%2Fspeech-and-language-therapy%2F&usg=AOvVaw3CBCqFhV9udkSN4yTvoxVH)

**Relevant Past Medical History:**

**Current Medication:**

**Allergies:** *(Medication or other adverse effects*