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| Please return the completed form via email (preferred) to: **gst-tr.audiologyappointments@nhs.net** or post to: |
| **Adult Audiology Centre****Guy’s** **Hospital, 3rd Floor Southwark Wing****Great Maze** **Pond, London T: 020 7188 2211** **SE1 9RT** |  |
| **Direct Referral to Adult Audiology Centre** |
| ***Note:*** This form may only be used for patients with suspected hearing loss. |
| If the patient fails any of the criteria below, please refer to ENT first. |
| **Referral Details** |
| Referring GP Name: |  | Address: |  |
| Tel. Number: |  |  |  |
| Email:  |  | Pref. Correspondence Method: | [ ]  Email | [ ]  Post |
| Date of Referral: |  | Urgency of Referral: | [ ]  URGENT | [ ]  ROUTINE |
| Transport Required? | [ ]  Yes | [ ]  No | Is Patient Housebound?   | [ ]  Yes | [ ]  No |
|  |
| **Patient Details** |
| Name: |  |  |  |  |
|  | Title | First | Middle | Last |
| Preferred Name: |  | NHS Number: |  |
| Date of Birth: |  | Gender:  | [ ]  M [ ]  F Other:  | Pronoun Pref.:  | [ ] He | [ ] She | [ ] They |
|  **(Patient must be at least 18 years old)**  |  |
| Address: |  |
| Postal Code: |  | Interpreter Required:  | [ ]  Yes | [ ]  No | Language: |  |
| Email: |   | Primary Tel.: #: |  |
| Pref. Contact Method:  | [ ]  Phone | [ ]  Email | [ ]  Post |  Other Tel.: #: |  |
| Next of Kin (NOK):   |  | NOK Tel.: |  |
| Any Disability? | Physical [ ]  | Cognitive [ ]  | Learning [ ]  | Blind [ ]  | Deaf [ ]  | Other: |  |
| Carer Name and Contact Details (if applicable): |  |
|  |
| **To be suitable for Direct Referral, the patient must have NONE of the following:**  |  |
| **(Please fill the box to the right of each statement to confirm verification of criteria)** | **NO** |
| *Wax* in either ear (patient’s ears must be clear before referring). | [ ]  |
| *Persistent pain* affecting either ear, lasting a week or more within the last 90 days. | [ ]  |
| *Discharge* from either ear within the last 90 days which has not responded to treatment, or which is recurrent. | [ ]  |
| Reported *asymmetry in hearing.* | [ ]  |
| *Abnormal appearance* of the outer ear and/or the eardrum (e.g., inflammation of the auditory canal, perforated tympanic membrane or active discharge). |[ ]
| *Tinnitus* that lasts longer than 5 minutes at a time, which is unilateral, pulsatile, has significantly changed in nature, is leading to sleep disturbance, or is associated with symptoms of anxiety or depression. |[ ]
| *Rapid deterioration* of hearing (rapid = deterioration over 4-90 days1). |[ ]
| *Facial numbness*, weakness, paralysis, or facial droop. |[ ]
| *Fluctuating hearing loss*, other than associated with colds, lasting more than 90 days. |[ ]
| *Vertigo/dizziness*, which has not fully resolved or is recurrent. |[ ]
| *1If patient reports sudden hearing loss within 72 hours, please send to A&E or Urgent Care ENT Clinic:**Phone: 020 7188 2215 Email:* *gst-tr.entaccessteam@nhs.net* |  |
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| **Reason for Referral** |
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| Please attach any relevant medical history or correspondence to this referral. |