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| **Community Paediatric Audiology**  Referral for children with hearing concerns | Please send this referral form to: |
| **Email:** [paedaudiologyreferrals@uhs.nhs.uk](mailto:paedaudiologyreferrals@uhs.nhs.uk) |
| **Postal address:**  Audiology  Level A,  Royal South Hants Hospital,  Brintons Terrace,  Southampton  SO14 0YG.  **Tel: 023 8120 2997** |

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| **PATIENT DETAILS** | |
| NHS Number |  |
| Forename |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Telephone number | Home:  Mobile:  Work: |
|
| Email address |  |
| Gender | Male  Female |
| Are parents happy to receive text appt reminders? Yes  No  **Newborn hearing screen result:**  **School attended:** | |
| **Please indicate your preferred clinic location**: We cannot guarantee to meet these requests but will do our best.  Pickles Coppice Millbrook:  Weston Lane Centre for Healthy Living:  Ashurst Child and Family centre: | |



**REFERRING SERVICE: Referrals will not be accepted if the referring service is not identified.**

GP:  Health Visiting team:  School nursing team:

Speech Therapy:  Community paediatrics:

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| Referrer Name |  |
| Referrer Address |  |
| Telephone No.  (For urgent clinical findings) |  |
| Email for correspondence |  |
| Is an interpreter required? Please state language if yes | Yes  No  Language: |
| **Safeguarding Concerns**  **On Child Protection Plan**  **Looked After Child**  **Name of Social Worker (if applicable):** | **GP surgery if not the referrer:**  **The referral will not be able to be processed without the GP details.** |

Other:  Please specify service Click or tap here to enter text.

**Reason for Referral**: Please tick all that apply. **Referrals will not be accepted if a referral reason is not given.**

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| Failed Hearing Screen | Recurrent Ear Infections | **Any Family History of Permanent Childhood Hearing Impairment (**A family history of glue ear does not require a referral, unless there are **also** concerns about a child’s hearing**)**: |
| Parental Concerns about hearing | Otitis media with effusion |
| Speech Delay | Behaviour Concerns |
| Educational Concerns | Other (please detail below) |

**Additional Information:**

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_