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| **Community Paediatric Audiology**Referral for children with hearing concerns | Please send this referral form to: |
| **Email:** paedaudiologyreferrals@uhs.nhs.uk |
| **Postal address:** AudiologyLevel 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_