

## Hearing Aid Direct Referral Form

Please send this form to: Dept of Audiology, L36, Lister Hospital, Coreys Mill Lane, Stevenage, Herts, SG1 4AB

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**Patients Details:**

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Hospital Number: \_\_\_\_\_ NHS Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

\_\_\_\_\_

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**Referring GP Details:**

GP Name: \_\_\_\_\_

Surgery address: \_\_\_\_\_

Surgery Tel: \_\_\_\_\_ Surgery Fax: \_\_\_\_\_

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**Clinical Details: (Please tick boxes) All criteria must be met otherwise please refer to ENT.**

- The patient is over 60 years old      Has patient worn hearing aids before? Yes  No
- Both ears are free of wax
- No Tinnitus
- No Otagia
- No Vertigo
- No evidence of middle ear infection       No perforation
- Weber test is central (No unilateral hearing loss)
- Rinne test is positive (Air conduction better than bone conduction)
- No sudden onset of hearing loss       No sudden worsening of an existing hearing loss

**Other Clinical Notes**

**If a patient fails to meet the Hearing Aid Direct Referral criteria please send an ENT referral**

**G.P. Guidelines for the Direct Referral of hearing aid patients**

The patient

- I. Must be over 55 years old
- II. Must be seen by a GP and ears de-waxed
- III. Referral can only be for a hearing aid

Direct Referral will be booked into an ENT clinic for the following reasons and returned to the DR pathway once ENT have investigated / treated any referring symptoms.

- I. Excessive wax
- II. Perforated eardrum
- III. Discharging ears
- IV. Pain
- V. Vertigo – not associated with age / mobility impairment
- VI. Sudden Onset Hearing Loss
- VII. Sudden deterioration of pre existing hearing loss
- VIII. Fluctuating hearing loss other than due to colds
- IX. Asymmetric hearing loss
- X. Any other unusual presenting features

**If the patient fails to meet the Hearing Aid Direct Referral criteria please send an ENT referral**

## **ENT Referable Conditions for Hearing Aid Direct Referrals**

The list below is the criteria followed by audiologists in deciding if an ENT opinion must be sought

- i. Whole or partial obstruction of ear canal which prevent impression taking and close examination of the tympanic membrane.
- ii. Abnormal appearance of tympanic membrane and / or outer ear.
- iii. Earache
- iv. Discharge
- v. Vertigo
- vi. Tinnitus, which is causing patient distress.
- vii. Hearing loss that may be associated with noise exposure within the last 5 years.
- viii. Conductive hearing loss – 25db air/bone gap at 2 or more frequencies in the 500 – 4000Hz range.
- ix. Unilateral or asymmetrical hearing loss with a 25db difference between the left & right BC results in at 2 or more frequencies in the 500 – 4000Hz range.
- x. Sudden hearing loss (24hrs).
- xi. Rapid hearing loss (90 days).
- xii. Sudden, rapid or recent worsening of an existing hearing loss. Indicated by an AC difference of 20db at 2 or more frequencies in the 500 – 4000Hz range when comparing 2 audiograms taken within 24 months.
- xiii. Fluctuating hearing loss not associated with head colds.
- xiv. Premature hearing loss (18 – 40yo). The loss in either ear should not be greater than 30db in either ear at 2 or more frequencies in the 500 – 4000Hz range.
- xv. Poorer speech discrimination than would typically be associated with a patients level of hearing.
- xvi. Patients under the age of 18 years old (Private) or under 60 years old (NHS)

