

**CHILDREN'S PUBLIC HEALTH SERVICES
HEARING ASSESSMENT REFERRAL FORM for Wiltshire (excl. Swindon, Salisbury areas),
B&NES and Somerset (East Mendip)**

Once completed in full please email to: vcl.bathneswiltshildrensaudiology@nhs.net

Referral may be rejected if referral incomplete

| | | |
|---|--|---|
| Last Name: | Gender: | Date: |
| First Name: | NHS Number: | GP: |
| Address: | DoB: | Other agencies involved, including safeguarding: |
| | Preschool / School: | |
| Tel no.: | First language: Interpreter needed? Yes / No | |
| Referred by: | Name: Designation: Contact details (with nhs.net email address): | |
| Contents and referral discussed with parent/carer? | Yes / No If no, reason: | |
| SOGS / ASQ completed? | Yes / No | |
| Reason for referral / particular concerns: | | |
| Parental concern | Yes / No Details: | |
| Teacher concern | Yes / No Details: | |
| Significant and sustained speech and language delay | Yes / No Details: | |
| Developmental concerns | Yes / No Details: | |
| Social / Communication concerns | Yes / No Details: | |
| Behavioural concerns | Yes / No Details: | |
| Significant medical history | Yes / No Details: | |
| Family / environmental factors | Yes / No Details: | |
| Family History of Hearing loss | Yes / No Details: | |
| History of ear infections? (Please refer to ENT if >6 per year) | Yes / No Details: | |
| Sudden hearing loss | Please refer to ENT emergency clinic | |
| Occluding wax | Please refer to ENT for removal with funding agreed | |
| Special requirements (braille / large print / interpreter required?) | Yes / No Details: | |
| Other useful information, e.g., special considerations, safeguarding information | | |