



Audiology self-referral form for adults in Staffordshire and Stoke-on-Trent

Please complete this form to access the self-referral audiology service in Staffordshire and Stoke-on-Trent. Once you have completed the form, please contact your provider of choice via telephone, email or online using the contact details which can be downloaded here:

www.staffsstokeics.org.uk/audiology-self-referral. Clinic locations are also provided when you download the contact information from that website page.

If you have difficulties completing this form, please contact your provider of choice directly (contact details can be found via the link above). They will be able to help you to complete this form.

About your hearing problem

If you answer YES to any of the questions below, you will not be eligible for the Community Adult Hearing service and should make an appointment with your GP Practice.

Have you experienced:

	Yes	No
Persistent pain affecting either ear lasting more than seven days within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
Any discharge from either ear within the last 90 days other than wax?	<input type="checkbox"/>	<input type="checkbox"/>
Sudden (within seven days) loss or deterioration of hearing not associated with a cold or upper respiratory tract infection. If so, seek medical advice.	<input type="checkbox"/>	<input type="checkbox"/>
Rapid (within 90 days) loss or deterioration of hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Fluctuating hearing loss, other than associated with colds?	<input type="checkbox"/>	<input type="checkbox"/>
History of surgery on the ears other than grommets (unless grommets inserted in the past 12 months?)	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo (sensation of you or surroundings spinning) within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus (e.g. internal sounds in the ear) in one or both ears lasting for more than five minutes at a time, or that is in time with your heartbeat/pulse, or that is severe enough to disturb your sleep	<input type="checkbox"/>	<input type="checkbox"/>
Domiciliary need (Housebound/Home visit)	<input type="checkbox"/>	<input type="checkbox"/>

If you think that you have ear wax please discuss this with your provider of choice. The provider will ensure that if any wax is present at the time of the examination, that requires treatment, they will arrange appropriate onward referral for wax care.

Wax must be dealt with first, as it can sometimes mean a hearing assessment cannot take place, although not always, or the hearing aids cannot be fitted.

If you selected 'Yes' in response to any of the above questions:

Thank you for completing this form. Your answers have shown that you are not currently eligible to self-refer to the audiology service. Please contact your GP practice to discuss this.

If a provider is involved in completion of the form and you have answered 'yes' to any of the above questions, you do not meet the criteria for self-referral. The provider will direct you on next steps and, if necessary, report this to your practice (including speaking to the practice to hand over details if urgent) and the reasons for not meeting the criteria. Please also contact your GP practice within approximately two weeks to discuss.

If you have selected 'No' in response to all the questions above:

Thank you for completing the survey. Your answers have shown that you are eligible to self-refer to the local audiology service. **Please now get in touch with your provider of choice to arrange next steps. You can access a list of providers here: <https://staffsstokeics.org.uk/~documents/route%3A/download/758/>.** Please note that no further action will be taken unless you contact your provider of choice.

Please note that, should you have a hearing test and be fitted with a hearing aid(s), the provider will manage your aftercare and review appointments. Typically, at the end of three years, you can be offered a new full re-assessment and be offered choice of provider. Your existing provider will help with this.

Please complete the following questions to tell us more about you, so we can understand your needs better.

About you

Surname

Forename

Title

Date of Birth

NHS Number – find out how to find your NHS number here: <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>

Gender

- Female
- Male
- Prefer not to say

Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> Asian/Asian British: Indian | <input type="checkbox"/> Mixed/Multiple ethnic groups: White and Asian |
| <input type="checkbox"/> Asian/Asian British: Pakistani | <input type="checkbox"/> Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background (please specify below) |
| <input type="checkbox"/> Asian/Asian British: Bangladeshi | <input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British |
| <input type="checkbox"/> Asian/Asian British: Chinese | <input type="checkbox"/> White: Irish |
| <input type="checkbox"/> Asian/Asian British: Any other Asian background (please specify below) | <input type="checkbox"/> White: Gypsy or Irish Traveller |
| <input type="checkbox"/> Black/African/Caribbean/Black British: African | <input type="checkbox"/> White: Any other White background (please specify below) |
| <input type="checkbox"/> Black/African/Caribbean/Black British: Caribbean | <input type="checkbox"/> Other ethnic group: Arab |
| <input type="checkbox"/> Black/African/Caribbean/Black British: Any other Black/African/Caribbean background (please specify below) | <input type="checkbox"/> Any other ethnic group (please specify below) |
| <input type="checkbox"/> Mixed/Multiple ethnic groups: White and Black Caribbean | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mixed/Multiple ethnic groups: White and Black African | |

Address

Postcode

Phone numbers

Home

Work

Mobile

Patient email

Are the phone numbers you provided:

	Your preferred number	The number where we can leave a message on	Your carer's details
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the email address your carer's details?

- Yes
- No

Do you have communication needs? (e.g interpreter)

- Yes
- No

Please specify what communication support you require

Have you had NHS hearing aids supplied in the last three years? *(If yes, please close this survey and contact your previous provider)*

Yes

No

Do you consider yourself to have a disability?

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term (12 month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities).

Yes

No

Do you have learning difficulty?

Yes

No

Do you have dementia?

Yes

No

GP's details

GP practice name

GP name

GP practice telephone

Thank you for taking the time to complete this form, please keep it and show it to the relevant provider if needed.