# Paediatric Audiology Department

# For families in Peterborough who are non- drivers, email to: [nwangliaft.audiologymail@nhs.net](mailto:nwangliaft.audiologymail@nhs.net)

**For families in Huntingdonshire and Peterborough who are drivers, email to** [**nwangliaft.hhpaedsreferrals@nhs.net**](mailto:nwangliaft.hhpaedsreferrals@nhs.net) **Direct Line: (01480) 416139**

# PAEDIATRIC AUDIOLOGY SERVICE – REFERRAL FORM

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| --- | --- |
| Name in full (Surname, First name): |  |
| Date of Birth: | Date of Referral: |
| Address: | **NHS Number:** |
| Telephone Number: | **Daytime contact number:** |
| Name of GP: | Able to attend at short notice? |
| Child & Family Nurse: |  |
| School / Nursery / Playgroup: |  |

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| --- | --- | --- | --- | --- | --- |
| Reason(s) for Referral:  (Please tick) | | Parental Concern  Educational Concern  Speech / Language Delay | | ENT Symptoms  Behaviour  Other (give details): | |
| Observations / Comments: | | | | | |
| Newborn Hearing Screening Date: Results: | | | | | |
| Previously seen in Paediatric Audiology?  Date Seen & Result: | | | | |  |
| Language Development Delayed? | | | | |  |
| Referred to Speech Therapy? | | | | |  |
| Family History of Permanent Childhood Hearing Loss?  Details: | | | | |  |
| Medical History: | Recurrent URTI | | Nasal Obstruction | | Allergies: |
|  | Discharging Ear | | Ear Infections | | Perinatal Problems |
| Social History (any relevant factors): | | | | | |
| Place of Birth/Date moved into area: | | | | | |

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| --- | --- |
| Parental Consent to Referral?  Would you like a copy of the appointment letter to assist attendance? |  |
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**Referred by: Contact Number**