Queen Elizabeth Hospital Audiology Centre

Nuffield House

Birmingham

B15 2TH

Louise Craddock

Midlands Hearing Implant Programme

Queen Elizabeth Hospital Audiology Centre

Nuffield House

Birmingham

B15 2TH

Telephone: 0121 371 7103/7118 Hospital number:#Client primary identification code#

Email: [audiology@uhb.nhs.uk](mailto:audiology@uhb.nhs.uk) NHS number:#Client secondary identification code#

Dear CI team,

RE: #Client full name# DOB:#Client date of birth#

Address:#Client address line 1#, #Client address line 2#, #Client address line 3#, #Client address line 4# #Client postcode#

#Client full name# is an Audiology patient of QEHB. They have agreed to a referral to the Midlands Hearing Implant programme.

***Information to referrer:*** *The below is referral guidance. This information is requested, but not essential. Please fill in the relevant fields, where possible.*

**Interpreter required**: Yes / No  **Language**:

|  |  |
| --- | --- |
| **Hearing history**  **Onset of Hearing loss**  (Date / Cause / Diagnosis / Rate of Decline)  **Onset of hearing aid use**  (Binaural / Monaural / Consistency)  **Current hearing aid use**  (Binaural / Model of Aid(s) / Date fitted) | #LatestDt1\_Left\_Device1\_Article# #LatestDt1\_Left\_Device1\_IssueDate#  #LatestDt1\_Right\_Device1\_Article#  #LatestDt1\_Right\_Device1\_IssueDate# |
| **ENT history**  (Surgeries / Infections / Balance / Tinnitus) |  |
| **Other relevant Medical History**  (Inc Psychological / Physical) |  |
| **General information**  (Motivation / Impact on lifestyle / Other) |  |
| **Speech test scores**  (Aided AB words, state the test conditions) |  |

**Most recent Audiogram** :

**#Audiogram date#**

**#Audiogram graph#**

**All previous Audiograms:**

**Hearing aid information:**

Hearing aid prescription:

Match to REMs target or reasons for deviating?

Frequency lowering activated?

Date of latest ear moulds:

Comments:

Yours Sincerely,

#Appointment resource user full name#

#Appointment resource user title#