**Self-Referral for Children’s Audiology (0-19 years)**

Please note: if family are in a period of isolation due to covid-19 symptoms please only refer once the isolation period has ended.

**Patient Details:**

Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| **Surname** | Click or tap here to enter text. | Male [ ]  |
| **Forename** | Click or tap here to enter text. | Female [ ]  |

|  |  |
| --- | --- |
| **Parents / Guardian** | Click or tap here to enter text. |
| **Address Line 1** | Click or tap here to enter text. |
| **Address Line 2** | Click or tap here to enter text. |
| **Address Line 3** | Click or tap here to enter text. |
| **Post Code** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS No** | Click or tap here to enter text. | **D.O.B** | Click here to enter a date. |
| **Home Phone no** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Parents/Guardian happy to be contacted by text and/or voicemail on answerphone** Yes[ ]  No[ ]  |

|  |  |  |
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| **Languages used** | English [ ]  | Other: Click or tap here to enter text. |
| **If Interpreter required, state language here:** Click or tap here to enter text. |

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| **Other professionals seen** | Paediatrics [ ] Physio [ ]  | ENT [ ] SALT [ ]  | Child Dev [ ] Social Worker [ ]  | Other: Click or tap here to enter text. |

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| **GP Surgery Name** | Click or tap here to enter text.  |
| **School / Nursery attending:** | Click or tap here to enter text. |
| **Preferred method of contact:**  | Post [ ] Phone [ ]  |

**Safeguarding:**

Please tick as appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| No concerns[ ]  | Child in Need [ ]  | Subject to a child protection plan [ ]   | Child in care [ ]  |
| **Social care contact:**As required | Click or tap here to enter text. |

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| **Please answer the following:** |
| **Are there concerns about the child’s hearing?** Yes[ ]  No[ ] **Details:**Click or tap here to enter text. |
| **Has your child for any developmental delay?** Yes[ ]  No[ ]  |
| **Is your child severely sight impaired?** Yes[ ]  No[ ]  |
| **Was your child born at less than 33 weeks gestation?** Yes[ ]  No[ ] **Details:**Click or tap here to enter text. |
| **Does your child have concentration/listening difficulties that aren’t age appropriate** Yes[ ]  No[ ]  |
| **Is your child under any other health professional that is not their GP?** Yes[ ]  No[ ] **Details:**Click or tap here to enter text. |