NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Paediatric Audiology
New Street Health Centre
Upper New Street
Barnsley
S70 1LP

Tel: 01226 644803/644894

PAEDIATRIC AUDIOLOGY SERVICE – REFERRAL FORM

Name in full (Surname, First name):	
Date of Birth:	**Date of referral:**
Address:	**NHS Number:**
Telephone Number:	**Able to attend at short notice?**
Name of GP:	
School/Nursery/Playgroup:	
Any other professionals involved with the child:	

Reason for referral – please tick:

	Concerns about hearing; parental or professional (please provide as much information as possible overleaf)
	Any other concerns related to hearing e.g. tinnitus (please provide as much information as possible overleaf)
	Speech delay with hearing concerns
	Hearing loss with recurrent middle ear infections.
	History of bacterial meningitis or meningitis with unknown causative agent AFTER a hearing screen (viral meningitis is not a risk to hearing)
	Missed hearing screen (school or newborn)
	Any medical condition or syndrome related to hearing loss e.g. Downs Syndrome

PLEASE NOTE This service is for hearing assessments only. For issues related to tonsils, adenoids, repeated ear infections or wider nose and throat problems please consider GP/ENT referral.

IMPORTANT – Specific information regarding hearing concerns MUST be provided in the additional information section below. Referrals containing insufficient information regarding hearing concerns will be rejected.

Additional Information/Background history:

Please use this section to provide as much detail as possible about the nature of the hearing concerns and reason for referral

Are there any communication and/or information needs required? **For example: interpreter, larger print.**	**Yes – please give details**	**No**

Name of Referrer	
Designation	
Telephone Number	
Signature	**Date**
IMPORTANT – PLEASE ENSURE ALL INFORMATION ABOVE IS ACCURATE AND COMPLETE. INCOMPLETE REFERRALS WILL BE REJECTED	

For health professionals only: If you have any urgent hearing concerns please contact the service to discuss.