**EAST LANCASHIRE HEARING AND BALANCE SERVICE**

**PAEDIATRIC CLINIC (Under 16 years old)**

**Please send referral to :**

PaedAud.NewReferrals@elht.nhs.uk

Paediatric Audiology

Level 6

St Peters Centre

Church Street

Burnley

BB11 2DL

Tel: 01282 805882

Date of referral Click here to enter a date.

Name of Referrer Click here to enter text.

Designation Click here to enter text.

Base Click here to enter text.

Tel Contact No Click here to enter text.

 **Please fill in all areas of form or referral may not be accepted**

**Family Surname** Click here to enter text. **Date of Birth** Click here to enter text.

**Child’s forenames(s**) Click here to enter text. **Male/Female** Choose an item.

**Address** Click here to enter text. **Post Code** Click here to enter text.

**Phone Number** Click here to enter text. **Email** Click here to enter text.

**NHS number** Click here to enter text. **RXR Number** Click here to enter text.

**School/Nursery (where applicable**) Click here to enter text.

**GP Name and Address** Click here to enter text.

**Family History** Click here to enter text.

**Developmental History** Click here to enter text.

**Interpreter Needed If yes, please state language** Click here to enter text.

**Child Looked After Yes/No**

**Does the child have a tracheotomy, use high flow nasal oxygen or use a suction machine? Yes/No**

**Does the child have a shunt? Yes/No If yes, is it Programmable/Non Programmable/Unsure**

**Reason for referral -** Please choose reason/s from below and/or write concerns here

 Click here to enter text.

* + Communication difficulties
	+ Developmental delay – please describe Click here to enter text.
	+ Bacterial meningitis/septicaemia
	+ Parental/professional concern about hearing
	+ Child new to area & missed Newborn Hearing Screening or who need a targeted follow up (see overleaf)

**Children new to area, missed Newborn Hearing Screening or who need a targeted follow up**

**Children who should receive an immediate hearing assessment** *(children in this group already under audiology will be reviewed as required and receive further appointments automatically)*

* Confirmed/strongly suspected bacterial meningitis (any organism)
* Confirmed/strongly suspected congenital cytomegalovirus (cCMV) infection
* Microtia/atresia affecting one or both ears

**Babies moving into the area <=12 weeks of age should access the Newborn Hearing Screening Programme rather than Audiology**

**Children who should receive targeted follow up hearing assessment** *(if risk factors were known/reported at the time of undergoing the Newborn Hearing Screen then child will already be listed for an appointment)*

* Confirmed/strongly suspected syndrome relating to hearing loss
* Confirmed congenital infection due to toxoplasmosis, rubella or herpes as determined by TORCH screen
* A noticeable cranio-facial anomaly e.g. cleft palate (excluding ear pits/tags/cleft lip only)
* NICU >48 hours with no clear response on AOAEs both ears but clear response on AABR
* Gestational age <= 29 weeks
* Family history of congenital or early onset permanent hearing loss in parents or siblings requiring hearing aids in early childhood (not temporary hearing loss or grommets/glue ear)
* Family history of congenital or early onset permanent hearing loss in early childhood in extended family where parents are related (not temporary hearing loss or grommets/glue ear)