OneWelbeck
Ear, Nose & Throat

OneWelbeck ENT – Audiology Referral Form

Please complete all sections of the form and return to bookings.ent@onewelbeck.com.

PATIENT DETAILS

TITLE:	FORENAME(S):	SURNAME:
DATE OF BIRTH:		GENDER: ☐ MALE ☐ FEMALE ☐ OTHER
RESIDENTIAL ADDRESS:		POSTCODE:
TELEPHONE:		MOBILE:
EMAIL:		

REFERRAL DETAIL

- ☐ Pure Tone Audiometry
- ☐ Tympanometry (as sole procedure)
- ☐ Tympanometry (including stapedial reflexes)
- ☐ Speech audiometry
- ☐ Otoacoustic emissions
- ☐ Earwax / foreign body removal (microsuction)
- ☐ Hearing aid consultation
- ☐ Auditory implant assessment (BCD / MEI / CI)
- ☐ Cochlear implant programming - unilateral
- ☐ Cochlear implant programming - bilateral
- ☐ Vestibular rehabilitation
- ☐ Tinnitus therapy
- ☐ Auditory Processing Disorder (APD) assessment
- ☐ Other (please specify)

EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS:	WHEELCHAIR ACCESS: ☐
INTERPRETER REQUIRED: ☐ Yes, please confirm language:	
OTHER:	

REFERRER DETAILS

GP/REFERRER NAME :	GP/REFERRER PRACTICE :
GP/REFERRER CONTACT NUMBER:	GP/REFERRER EMAIL:

PAYMENT DETAILS (IF KNOWN)

☐ Bill to Patient	☐ Bill to Insurer INSURANCE COMPANY: MEMBERSHIP NO: AUTHORISATION CODE:	☐ Bill to Embassy EMBASSY: LETTER OF GUARANTEE: ☐ (Please attach)	☐ Bill to referrer AGENCY NAME:

NAME : SIGNED : DATE :

PROFESSIONAL REG NO:

Please attached the last clinic letter, and relevant test results and any additional documentation to this form and submit to us via one of the following:

E: bookings.ent@onewelbeck.com **A:** OneWelbeck ENT, 1 Welbeck Street, London W1G 0AR **T:** +44 (0)203 6532007