

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: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
RESIDENTIAL ADDRESS:	POSTCODE:	
TELEPHONE:	MOBILE:	
EMAIL:		

REFERRAL DETAIL

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

REFERRER DETAILS

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

PAYMENT DETAILS (IF KNOWN)

TYPE: <input type="checkbox"/> Self-funding ; <input type="checkbox"/> Insured ; <input type="checkbox"/> Embassy ; <input type="checkbox"/> Other (please complete below sections as appropriate)	
INSURER:	MEMBERSHIP NO:
AUTHORISATION CODE:	LETTER OF GUARANTEE: <input type="checkbox"/> Yes (please attach)
EMBASSY:	

EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS:	WHEELCHAIR ACCESS: <input type="checkbox"/>
INTERPRETER REQUIRED: <input type="checkbox"/> Yes, please confirm language:	
OTHER:	

DECLARATION

NAME:	SIGNED:	DATE:
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By completing this form, you confirm you have the consent required to share this information.

Please attach the last clinic letter, any relevant test results and any additional documentation to this form & 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)203 653 2007