

**Referral for bone-conduction hearing device assessment at Bradford Royal Infirmary**

**Referral criteria:**

- Patient is unable to wear conventional hearing aids and has tried alternative earmoulds as appropriate
- Patient has a conductive or mixed hearing loss where bone conduction thresholds are  $\leq 65$  dBHL from 0.5 – 4 kHz

OR

- Has single sided deafness, where one ear has a profound hearing loss, and the other has bone conduction thresholds  $\leq 20$  dBHL.

**Please send referrals to the bone conduction hearing devices team at:**

Audiology Department, Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ

**Patient information**

Name:

DOB:

NHS number:

Address:

Phone number:

Language spoken:

Is an interpreter needed?: Y/N

GP name and address:

Current provider of audiological services:

Reason for referral:

**Audiological information**

Last full audiogram attached?(essential): Y/N

Previous audiograms attached?: Y/N

Current hearing aids make and model:

Right ear:

Left ear:

Current earmoulds:

Right ear:

Left ear:

Earmoulds trialed previously and outcomes:

**Otological information**

Active ENT problems:

Previous ENT problems:

Previous ENT surgery:

**Any additional information / relevant medical information****Referrer details**

Name:

Designation:

Base:

Date sent: