

## Self-Referral for Adults with Hearing Loss FORM

- I have read & acknowledged the information on the self-referral leaflet

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

<b>First Name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>GP:</b>	
<b>Address:</b>	TAYSIDE or NE FIFE
<b>Your Phone number:</b>	

If you are unable to hear on the phone, please tick here and we will contact you by text message (PLEASE PROVIDE A MOBILE PHONE NUMBER ABOVE)

	Yes	No
1. Are you filling this out on behalf of someone else?		
Please state your name and relationship with the person being referred		
2. Does the person being referred consent to this referral?		
3. Have you noticed any of the following signs of hearing loss? <ul style="list-style-type: none"> <li>• turning the TV up louder than others want it</li> <li>• finding it hard to follow conversation in pubs and restaurants</li> <li>• struggling to hear on the phone</li> <li>• often asking people to repeat what they say</li> <li>• having your partner complain that you don't listen to them</li> <li>• feeling that other people mumble</li> </ul>		
4. If suitable, would you consider NHS hearing aids?		
5. Are you able to take instructions and respond to them for at least 20 minutes during the assessment appointment?		
6. Do you have a history of excessive wax in your ears which requires removal?		
7. Have you previously had your hearing tested by Audiology?		
8. Do you suspect that you have any foreign objects in your ears?		
9. Has your hearing loss come on all of a sudden within the last 2 weeks?		
10. Do you think you have uneven hearing loss (with one ear being worse than the other)?		
11. Do you have persistent pain in your ears?		
12. Do you suffer from troublesome tinnitus and the tinnitus is your main concern?		
13. Have you had any previous ear surgery?		
14. Do you experience vertigo (a spinning dizziness)?		
15. Have you previously seen the Ear, Nose and Throat team for your ears or hearing?		
16. Do you have significant tremor or dexterity issues?		
17. Do you have issues with eyesight (where you are visually impaired or registered blind)?		
18. Do you have a diagnosis of dementia (or consider you have issues with your memory where you need to discuss this with your GP)?		
19. Do you need an interpreter?		
If so please state which language		



Thank you for submitting this self referral form. This will be processed within the next 5 working days. If Audiology are able to see you by self referral then you will be added to the waiting list. **You will get confirmation of this by a report which will also be sent to your GP.** We aim to see you within 12-18 weeks of your referral. **If there is any reason we are unable to accept this referral then you will receive a report explaining the next steps.**

If anything changes whilst you are waiting for your hearing assessment please contact us on:

Phone - 01382 596965

By text message - 07833046858

By email [tay.audiology@nhs.scot](mailto:tay.audiology@nhs.scot)

Please return the completed form to

Audiology Department,  
Kings Cross Health and Community Care Centre  
Hospital Street  
Dundee  
DD3 8EA