



Audiology Referral Form

Please fax this form to +44 (0)20 7259 9218

PATIENT DETAILS		
TITLE	SURNAME	GENDER (Please tick) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FORENAME		DATE OF BIRTH
ADDRESS		
		POSTCODE
EMAIL		TEL NO
INSURANCE PROVIDER		
POLICY NUMBER		(PRE) AUTHORISATION NO
REFERRING DOCTOR		
ADDRESS (for reports and results)		

SERVICES REQUIRED (PLEASE TICK)	
DIAGNOSTIC AUDIOLOGY	AUDIOLOGY REHABILITATION
<input type="checkbox"/> PURE TONE AUDIOMETRY (PTA)	<input type="checkbox"/> NEW HEARING AID ASSESSMENT
<input type="checkbox"/> TYMPANOMETRY	<input type="checkbox"/> HEARING AID FOLLOW UP
<input type="checkbox"/> SPEECH AUDIOMETRY	<input type="checkbox"/> COCHLEAR IMPLANT ASSESSMENT
<input type="checkbox"/> ACOUSTIC REFLEX THRESHOLD	<input type="checkbox"/> MIDDLE EAR IMPLANT (BAHA, Bone Bridge or Vibrant sound bridge)
<input type="checkbox"/> UNCOMFORTABLE LOUDNESS LEVEL	<input type="checkbox"/> LYRIC, EXTENDED WEAR INVISIBLE HEARING AID
<input type="checkbox"/> PAEDIATRIC HEARING ASSESSMENT	<input type="checkbox"/> TINNITUS ASSESSMENT AND MANAGEMENT
VESTIBULAR TESTING	<input type="checkbox"/> HEARING PROTECTION
<input type="checkbox"/> CALORIC AND VNG (VIDEO NYSTAGMOGRAPHY)	<input type="checkbox"/> SWIMMER'S MOULDS
<input type="checkbox"/> DIX HALL PIKE (VIDEO RECORDING)	
<input type="checkbox"/> VEMPS (Vestibular evoked myogenic potentials)	
<input type="checkbox"/> VESTIBULAR REHABILITATION	

RELEVANT HISTORY

Pindrop Hearing is registered with all major medical insurance providers.

BUPA provider no: 30031845

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.