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| **In Health** | **NHS**  |

**SOUTHAMPTON CITY AUDIOLOGY SELF-REFERRAL FORM**

**Please note – we are unable to accept referrals for patients under 16 years of age.**

**This self-referral form is for SOUTHAMPTON CITY CCG patients only. If you are unsure which CCG you belong to please enter your GP details into** [**https://mapit.mysociety.org/**](https://mapit.mysociety.org/) **and check the “Clinical Commissioning Group” field**

**Please ensure all fields with a \* are filled in accurately**

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| **PATIENT** | **GP DETAILS** |
| NHS Number (if known) |       | \*Name |       |
| \*Forename |       |  |       |
| \*Surname |       | \*Address |       |
| \*Address |       |  |  |
| \*Date of Birth |       |  |       |
| \*Telephone (Home) |       |  |       |
| Telephone (Work) |       | Telephone No.  |       |
| Telephone (Mobile) |       |  |       |
| E-mail Address |       |  |  |
| Gender | Male [ ]  Female [ ]  |  |
| Physical/Communication difficulties (specify if any):       | Wheelchair user? Yes [ ]  |
| If interpreter required, language:      |  |
| Ethnicity      |  |
| **REASON FOR REFERRAL:**Please provide as much relevant information as possible:     Date of referral       |
| **Please ensure your ears are free from wax prior to attending a hearing assessment.** |
| Have you previously been fitted with a hearing aid?Date of last hearing assessment (if known) | Yes[ ]  No [ ]  |
| **Please e-mail this form to the InHealth Patient Referral Centre:****Sandbrook House, Sandbrook Way, Rochdale OL11 1RY****Tel: 0333 202 0297 E-mail: inl.inhealthreferrals@nhs.net** | **www.inhealthgroup.com****Version001: Feb 2021** |