

AUDIOLOGY REFERRAL GUIDELINES

Referrals will be accepted from the following health workers: GPs and Medical Specialists, Audiologists, public health nurses, advisors of deaf children, ear nurse specialists, midwives, vision hearing testers and mobile ear caravan testers, and speech language therapists.

Referrals must include:

- * Full patient details (full name, date of birth, address, phone number, NHI number, parent/caregiver names)
- * Full description of any symptoms and their duration, relevant history (including birth/pregnancy problems, family history and any previous audiological assessment or treatment)
- * Physical findings (especially otoscopy)
- * Any medications

GUIDANCE FOR SPECIFIC TYPES OF REFERRAL

- **NEONATES/INFANTS** (birth-6months): birth/pregnancy risk factor, family history details, responsiveness to sound, otitis media history.
- **PAEDIATRIC** (including referrals for central auditory processing tests) (7 months-18 years): birth and family history, otitis media history, responsiveness to sound, speech and language development, tympanometry results (if available).

Infants and paediatrics should be referred immediately if hearing loss is suspected, or if a behavioural problem or developmental delay exists. These referrals will be seen within 1-3 months. Priority is given to neonates/infants and children.

- **ADULT – HEARING ASSESSMENT** (including referrals for retrocochlear assessment): hearing concerns, tinnitus, vertigo, ENT history, (screening pure tone audiometry (if available)).
- **ADULT EARMOULDS/CHECK AIDS:** inform of specific problem with mould/hearing aid.

Adults requiring new moulds or basic hearing aid repairs (new tubing, tone hooks, battery drawers) will be seen within two weeks.

- **ADULT – HEARING AIDS:** specific hearing difficulties and degree of difficulty, other medical conditions, screening pure tone audiometry (if available), previous hearing aid use.

Before a patient is referred for hearing aid assessment, they will be required to visit their local hearing therapist for a pre-assessment hearing needs evaluation. This system increases the efficiency of the hearing aid service and reduces waiting times. Contact details for the Hamilton Branch of the Hearing Association are as follows:

*Hearing Association
40 Wellington Street
P.O. Box 4399
HAMILTON*

*Phone: (07) 856-2008
Fax: (07)856-2097
hamhearing@xtra.co.nz*

Adults requiring hearing aids may be eligible for funding from ACC or War Pensions, this should be determined prior to referral. Some patients may prefer to be seen privately due to waiting list times. Patients should also be informed prior to referral that the cost for a hearing aid is approximately \$800-3000 per aid. Please ensure that patient has some means of payment for hearing aids (e.g. WINZ loan or self-funding).