

Paediatric Audiology Enquiries
Tel: 0117 342 1611

Women's and Children's Division
Children's Hearing Centre
Level D
St Michael's Hospital
Southwell Street
Bristol
BS2 8EG

Paediatric Hearing Assessment Referral

Date of Referral		Referrer Address:
Referring Clinician Name & Occupation		
Contact number		

Patient Details		
Surname		Address:
Forename		
D.O.B		Postcode:
NHS number		Mobile:
		Landline:

"Looked After" Child?	Yes / No	Social Worker Details:
------------------------------	-----------------	-------------------------------

GP Practice		GP Name	
GP Address			

Interpreter Required?	Language:
------------------------------	------------------

Referral Reason:
(Please give as much detail as possible including any relevant medical conditions)

Please make sure this referral is essential and if the child has been assessed before, state why this is a new concern.