

NT Hearing Services referral form

Before you fill in the form

Use this form to refer clients to NT Hearing Services. The information provided to NT Hearing Services will be used, disclosed and stored for the purpose of hearing assessment and referral and will be managed in accordance with the privacy provisions of the *Information Act 2002* and Information Privacy Principles. This form can be self-completed or completed by any professional, parent or carer to refer for a hearing test, however if referral to an ENT/Teleotology is required a medical practitioner must complete section 3.

NT Hearing Services do not provide:

- hearing aid fitting
- repair services
- hearing assessments for work or compensation reasons.

Contact NT Hearing Services on 8922 7110 if alternative contact details are needed for these services.

Submit this form to nthearing.darwin@nt.gov.au

Client details (the client you're referring to the service)			
Surname		Given name	
Date of birth		Age	
Is the child of Aboriginal or Torres Strait Islander origin?	Aboriginal / Torres Strait Islander	Name of school, preschool or childcare	
Residential address		Postal address	
HRN		Previous client of hearing service?	Y / N
Parent / Caregiver details			
Surname		Given name	
Residential address (if different from above)		Postal address (if different from above)	
Preferred contact number		Alternative contact number	
Email		Relationship to child	

Parent/caregiver approval for referral?	Y / N		
Person referring			
Surname		First name	
Relationship or role with client		Clinic or Department phone number	
Email		Phone	
Signature		Date	
Section 1 – Complete for all clients			
Please describe in detail the main concerns for the client			
Allergies and alerts			
Detail on all diagnosed medical and physical conditions			
If the client has no diagnosis but is currently being investigated for any health, developmental or behavioural conditions (developmental delays, autism), please provide detail			
Does the client show any unusual behaviours (e.g. tantrums, head banging, obsessive and repetitive behaviours, attention difficulties)?			
Is the client currently seeing or on a waiting list for any other allied health or medical specialists (e.g. Psychologist, Neurologist, Speech Pathologist, Occupational Therapist or Physiotherapist)?			

Section 2 – Referral to an ear, nose and throat specialist

All of the conditions in the table below will require a hearing (audiology) assessment and referral to an Ear, Nose and Throat specialist. This referral will be accepted for audiology only unless section 3 is completed by a medical practitioner. Attach any relevant medical history.

Persistent Otitis Media with Effusion (OME/glue ear) >3 months with documented hearing loss >25dB	Y / N
Recurrent ear infections (3 episodes in 6 months or 4 episodes in 12 months)	Y / N
CSOM (Chronic Suppurative Otitis Media) >3 months	Y / N
Dry perforation >3 months	Y / N
Complicated ear conditions, cholesteatoma, unsafe/urgent ear conditions	Y / N
Other, provide details	

Section 3 – Medical practitioners only to complete

Are you requesting audiology?		Y / N	
If yes, an age and developmentally appropriate hearing test will be provided. Hearing testing can sometimes identify reasons for the client to be referred for further management by an Ear, Nose and Throat specialist. Do you authorise NT Hearing Services to forward this referral to an ENT Specialist of the patient's choice should audiological assessment indicate this is required?		Y / N	
Are you requesting ENT/teleotology (as per CARPA guidelines)		Y / N	
If yes, has a separate referral to ENT already been sent?	Y / N	What date was the referral sent?	
Name		Signature	
Provider number		Clinic address	
Clinic email		Clinic phone	
Date		Preferred ENT	

Further information

Acknowledgement of referral will be sent via email once received by NT Hearing Services if valid email address provided. Please call NT Hearing Services on 8922 7110 or email on nthearing.darwin@nt.gov.au for queries on the progress of a referral.