

Self-Referral Form - Integrated Hearing Service for Age Related Hearing Loss 50 years+ Lancashire and South Cumbria

Please complete this form to access the self-referral audiology service in Lancashire and South Cumbria.

If you have difficulties completing this form, please contact your provider of choice directly (contact details can be found below). They will be able to help you to complete this form.

About your hearing problem

	Yes	No
Have you noticed any problems with your hearing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you concerned or worried about your hearing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, would you be prepared to consider using hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer **YES** to any of the questions below, you will not be eligible for the Community Adult Hearing service and should make an appointment with your GP Practice.

Have you experienced:	Yes	No
Persistent pain affecting either ear lasting more than seven days within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
Any discharge from either ear within the last 90 days other than wax?	<input type="checkbox"/>	<input type="checkbox"/>
Sudden (within seven days) loss or deterioration of hearing not associated with a cold or upper respiratory tract infection. If so, seek medical advice.	<input type="checkbox"/>	<input type="checkbox"/>
Rapid (within 90 days) loss or deterioration of hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Fluctuating hearing loss, other than associated with colds?	<input type="checkbox"/>	<input type="checkbox"/>
History of surgery on the ears other than grommets (unless grommets inserted in the past 12 months?)	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo (nausea, swaying or floating sensations) within the last 90 days?	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus (e.g. internal sounds in the ear) in one or both ears lasting for more than five minutes at a time, or that is in time with your heartbeat/pulse, or that is severe enough to disturb your sleep.	<input type="checkbox"/>	<input type="checkbox"/>
Have you had NHS hearing aids supplied in the last three years? (If yes, please contact your previous provider)	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details of any relevant medical information and any other considerations (such as any ear operations, a learning disability, mobility or language needs):		

If you think that you have ear wax, please discuss this with your provider of choice. Wax must be dealt with first, as it can sometimes mean a hearing assessment cannot take place, although not always, or the hearing aids cannot be fitted.

If a provider is involved in completion of the form and you have answered 'yes' to any of the above questions, you do not meet the criteria for self-referral.

The provider will direct you on next steps and, if necessary, report this to your practice (including speaking to the practice to hand over details if urgent) and the reasons for not meeting the criteria. Please also contact your GP practice within approximately two weeks to discuss.

If you have selected 'No' in response to all the questions above:

Thank you for completing the survey. Your answers have shown that you are eligible to self-refer to the local audiology service. **Please now get in touch with your provider of choice via telephone, or online to arrange next steps. You can access a list of providers below.**

Please note that no further action will be taken unless you contact your provider of choice.

Please note that, should you have a hearing test and be fitted with a hearing aid(s), the provider will manage your aftercare and review appointments. Typically, at the end of three years, you can be offered a new full reassessment and be offered choice of provider. Your existing provider will help with this.

Please complete the following questions to tell us more about you, so we can understand your needs better.

About you:

NHS Number:		Age:	Date of Birth:
Surname:		Title:	
Forenames:			
Address:			
Postcode:		Email Address:	
Preferred Tel No:		Mobile Tel No:	
Ethnic Origin:			
GP Surgery Name and Address:			

Thank you for taking the time to complete this form, please keep it and show it to the relevant provider if needed.

Audiology AQP service providers

Lancashire and South Cumbria - February 2024

Specsavers

<p>Blackburn Specsavers Unit 32B and 33, Lord Street Mall, Blackburn, BB1 7NQ Tel: 01254 641539</p>	<p>Clitheroe Specsavers 3 King Street, Clitheroe, Lancashire, BB7 2EL Tel: 01200 640241</p>
<p>Burnley Specsavers Unit 41, 25 The Mall, Charter Walk Shopping Centre, Burnley, BB11 1BA Tel: 01282 380807</p>	<p>Accrington Specsavers 7-8 Broadway, Lancashire, BB5 1EY Tel: 01254 641682</p>
<p>Colne Specsavers store in Sainsbury's Windy Bank, Colne, BB8 9HY Tel: 01282 380405</p>	<p>Nelson Specsavers 8 Marsden Mall, Nelson, BB9 9SL Tel: 01282 380786</p>
<p>Chorley Specsavers 18-20 Chapel Street, Chorley, PR7 1BW Tel: 01257 650362</p>	<p>Leyland Specsavers 38 Hough Lane, Leyland, PR25 2SD Tel: 01772 341458</p>
<p>Croston Village Surgery Out Lane, Croston, Leyland, PR26 9HJ Tel: 01257 650362</p>	<p>Cleveleys Specsavers 83 Victoria Road West, Thornton- Cleveleys, FY5 1AJ Tel: 01253 226151</p>
<p>Blackpool Specsavers 26 Victoria St, Blackpool, FY1 4RW Tel: 01253 295966</p>	<p>St Annes Specsavers 20 Wood Street, Lytham St Annes, FY8 1QS Tel: 01253 542724</p>
<p>Wyre Civic Centre, Poulton-Le-Fylde, Lancashire, FY6 7PU 01253 542724</p>	<p>Lancaster Specsavers 14/16 Cheapside, Lancaster, LA1 1LZ Tel: 01524 488203</p>
<p>Barrow-in-Furness Specsavers 70 Dalton Road, Barrow-in-Furness, LA14 1HZ Tel: 01229 388076</p>	<p>Specsavers Kendal store in Sainsbury's Mint Bridge, Shap Road, Kendal, LA9 6DL Tel: 01539 586082</p>

<p>Morecambe Specsavers 41-43 Euston Road, Morecambe, Lancashire, LA4 5DF Tel: 01524 488517</p>	<p>Kendal Specsavers 37 Stricklandgate, Kendal, LA9 4LT Tel: 01539 248062</p>
<p>Galloways Morecambe 12 Victoria Street Morecambe LA4 4AH Tel: 01524 488600</p>	<p>Galloways Centre, Howick House, Howick Park Ave, Penwortham, Preston, PR1 0LS Tel: 01772 340736</p>
<p>Deepdale Specsavers (Preston – Deepdale) Sainsbury's, Flintoff Way, Preston, PR1 6PJ Tel: 01772 341319</p>	<p>Preston Specsavers 1 Friargate, Preston, PR1 2AU Tel: 01772 340736</p>
<p>Fatima Health Centre, Jeanne Jurgan Residence, 228 Garstang Road, Fulwood, Preston PR2 9QB Tel: 01772 340587</p>	<p>Ormskirk Specsavers Unit 9, Church Street, Ormskirk, L39 3AE Tel: 01695 318060</p>
<p>Skelmersdale Specsavers Unit 13, The Concourse Shopping Centre, Skelmersdale, WN8 6LB Tel: 01695 318193</p>	<p>Southport Specsavers 19 Eastbank Street Southport PR8 1DY Tel: 01704 517354</p>

Outside Clinic

www.outsideclinic.co.uk

Freephone 0808 258 3312