

HARLEY STREET HEARING

REFERRAL FORM

You can now refer to Harley Street Hearing either using a hard copy or electronic referral form.
For instructions on saving and sending this electronic referral form please see page 2.

Patient Details:

Patient Name:	
Date of Birth:	Referred by:
Address:	Patient contact details: Home: Work:
Insurance provider:	Mobile: E-mail:

Investigations / services required (please tick where appropriate):

Pure tone audiometry	
Tympanometry	
Acoustic reflex thresholds	
Speech audiometry	
Uncomfortable loudness levels	
Tinnitus match / mask	
SCAN-A (APD testing)	
APD strategies and management	
Vestibular Assessment (vHIT, C-VEMP, O-VEMP, VNG, Positioning & Calorics) *please identify if your patient has contraindications to any of the above-mentioned tests in the relevant history section.	
Vestibular rehabilitation	
Hearing aid assessment / trial	
Lyric assessment / trial	
Listening & communication enhancement (LACE)	
Swim moulds	
Hearing protection – musicians, shooting etc	
Hearing therapy / tinnitus management	
Wax removal / microsuction	
Otoacoustic Emission	
Other (please specify):	

Relevant history:

The account will be sent direct to the client or the medical insurance company, unless otherwise specified

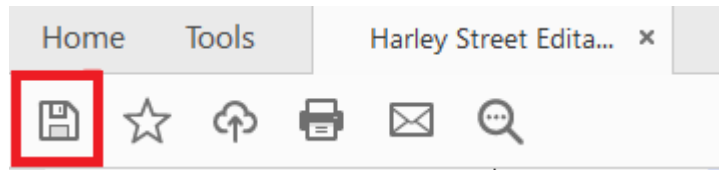
Harley Street Hearing are registered providers with all major insurance companies. BUPA provider number: 30031569. AXA provider No: H83344

How to save and send this electronic referral form

1. Open the document using Adobe Acrobat, Google Chrome or Internet Explorer.
2. Please download the PDF and complete the relevant fields and then save using the following instructions:

Adobe Acrobat:

To save your completed form click on the *save-file* icon in the top-left corner of the reader (see image below). Save under the patient's name and e-mail this version to referrals@harleysthearing.co.uk



Google Chrome:

To save your completed form click on the printer icon in the top-right corner as if to print the document (see image below). Then select "save as PDF". Save under the patient's name and e-mail this version to referrals@harleysthearing.co.uk



Internet Explorer:

To save your completed form click on the *save-file* icon that appears at the bottom-centre of the web page (see image below). Save under the patient's name and e-mail this version to referrals@harleysthearing.co.uk

