

HARLEY STREET HEARING

REFERRAL FORM referrals@harleysthearing.co.uk

Patient Name	
Date of Birth	Referred by
Address	Patient Contact Details Mobile
	Home/Work
	E-mail
Insurance Provider	
Provider Number	Authorisation Code

Hearing Aids and Management (tick where appropriate)

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	
Vestibular rehabilitation	
APD strategies and management	
Other (please specify)	

Investigations (please tick where appropriate)

Pure tone audiometry	
Tympanometry	
Acoustic reflex thresholds	
Speech audiometry	
Uncomfortable loudness levels	
Tinnitus match / mask	
SCAN-A (APD testing)	
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.	
Other (please specify)	

Relevant history

Harley Street Hearing are registered providers with all major insurance companies

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|---|---|--|---|--|---|
| Harley Street Hearing
2 Harley Street
London
W1G 9PA | Harley Street Hearing
127 Harley Street
London
W1G 6AZ | North London Hearing
HCA Healthcare
296 Golders Green Rd
London
NW11 9PY | Prime Health Partners
27-29 Winchester Rd
Belsize Park
London
NW3 3NR | HCA Healthcare
Rm 656, 6th Floor
The Shard
St Thomas Street
London SE1 9BS | The Wellington Hospital
Platinum Medical Centre
15-17 Lodge Rd
London
NW8 7JA |
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