

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

Harley Street Hearing	Harley Street Hearing	North London Hearing HCA Healthcare	Prime Health Partners 27-29 Winchester Rd	HCA Healthcare Rm 656, 6th Floor	The Wellington Hospital Platinum Medical Centre
2 Harley Street London	127 Harley Street London	296 Golders Green Rd London	Belsize Park London	St Thomas Street London	15-17 Lodge Rd London
W1G 9PA	W1G 6AZ	NW11 9PY	NW3 3NR	SE19 9BS	NW8 7JA