

NCIP Cochlear Implant **Referral Form for Adults**

(19 years and over)

To ensure your referral is accepted and actioned immediately it is vital we receive the complete information requested in the form below.

If you are not an audiologist, fill in the form as best you can.

We can only process the referral once we have all the essential information so getting the name of your client’s audiologist will make the process faster.

If your client does not meet referral criteria we are happy to arrange a private assessment on receipt of this form.

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| **Referral details** |
| Date of referral: |  |
| Referrer’s Name & Title: |  |
| Work address:  |  |
| Work phone:  |  |
| E-Mail address: |  |
| If you are not an audiologist who can we contact to get audiology information? |  |
| **Client details** |
| Client name: |  |
| Date of birth: |  |
| Client’s Address |  |
| Clients NHI (if known) |  |
| Client’s Phone (home and cell if available) |  |
| Interpreter needed? What type. |  |
| Clients Email:  |  |
| Do they wear hearing aids? If no why.  |  |
| Make and Model of hearing aids: |  |
| Earmould type: |  |
| Additional information. (E.g. Family situation, mental health issues, motivation). |  |

**Please ensure you have**

☐ Completed all client details above

☐ Obtained consent for referral (Release of information form)

**Enclosed copies of your client’s**

☐ Proof of New Zealand residency (Photocopy of NZ birth certificate, passport or NZ residency visa)

☐ ENT reports (if available)

☐ Current diagnostic audiogram (speech audiometry, immittance audiometry, and if available otoacoustic emissions)

☐ Previous audiograms & speech audiometry

☐ Print out of hearing aid settings

☐ Print out of real ear measures

Please either email copies of the documents to adultci@hearinghouse.co.nz or send via post to:

**Silvia Rosioru**

Cochlear Implant Coordinator

Northern Cochlear Implant Programme (Adults)

PO Box 74 022

Greenlane

Auckland. 1546

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| **Public Referral criteria** | **Information Required** |
| NZ ResidencyAdults will not be able to access services in the publically funded programme if they do not hold NZ citizenship or residency. (Potential candidates must also live in New Zealand for at least 183 days per year).  | Copy of client’s New Zealand birth certificate, passport or New Zealand residency visa. |
| Baseline Audiometric CriteriaPresence of a severe hearing handicap as evidenced by speech audiometry that is ≤ 60% in the better hearing ear. (Pimax on CVC or AB words). Clients must previously have had sufficient hearing to have developed some spoken language.  | Please attach all the following audiological information: * Current diagnostic audiogram (speech audiometry, immittance audiometry, and if available otoacoustic emissions)
* Previous audiograms & speech audiometry
* Copies of any ENT reports (if available)
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| Hearing AidsHearing aids and moulds need to be optimized for the loss. If prescriptive targets have not been met make note of why this has occurred. If there is no residual hearing ear moulds are required to assess lip reading benefit.  | Please enclose:* Print out of settings
* Real ear measures
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| **Private Referral criteria** | **Information Required** |
| Baseline Audiometric CriteriaPresence of a severe hearing handicap as evidenced by speech audiometry that is ≤ 60% in either ear. (Pimax on CVC or AB words). Clients must previously have had sufficient hearing to have developed some spoken language.  | Please attach all the following audiological information: * Current diagnostic audiogram (speech audiometry, immittance audiometry, and if available otoacoustic emissions)
* Previous audiograms & speech audiometry

Copies of any ENT reports (if available) |
| Hearing AidsHearing aids and moulds need to be optimized for the loss. If prescriptive targets have not been met make note of why this has occurred. If there is no residual hearing ear moulds are required to assess lip reading benefit.  | Please enclose:* Print out of settings

Real ear measures |

