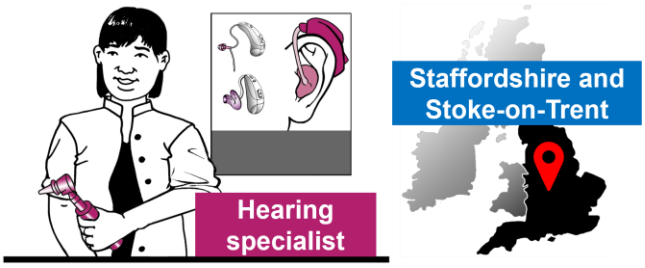
NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

NHS hearing services for adults in Staffordshire and Stoke-on-Trent

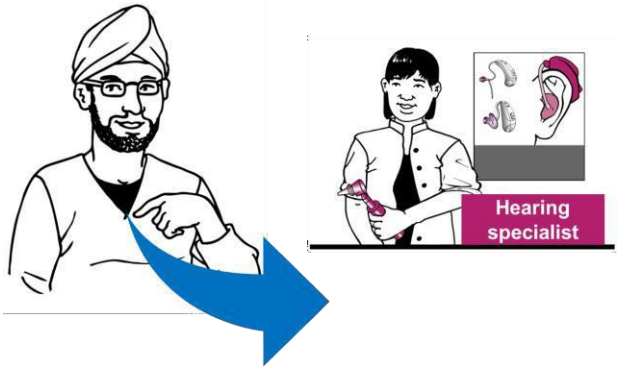
Easy read self-referral form



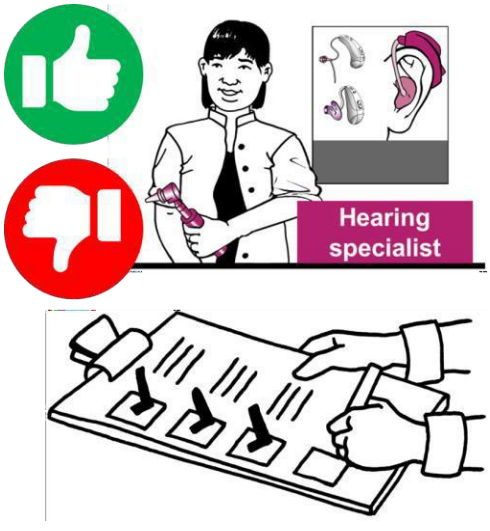
What is this form about?



If you live in Staffordshire and Stoke-on-Trent, are registered with a GP practice in the area and have problems with your hearing, you may be able to refer yourself to NHS **audiology** (hearing) services.



Self-referral means you contact the service directly to make an appointment, instead of your GP doing it for you. This can be a quicker way to get your hearing checked.



Self-referral is **not** the right option for all hearing problems. This form asks some questions to check what is best for you.

What do I do with the form?



If your answers show that self-referral **is** the right option for you, you will need to contact the **hearing service provider** you want to use.

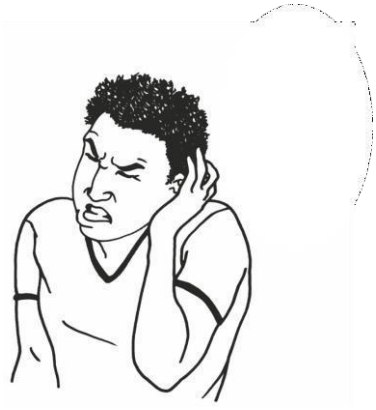
You can find contact details for the different providers on this webpage: www.staffsstokeics.org.uk/audiology-self-referral.



If you need any help with this form, please contact the provider you want to use. They will help you with the form.

About your hearing problem

If you answer 'yes' to any of the questions below, it means that self-referral is not right for you. You should contact your GP instead.



In the last 3 months, have you had pain in 1 or both of your ears, that lasted more than 7 days?

☐ **Yes** ☐ **No**



In the last 3 months, has there been any liquid coming out of 1 or both of your ears? This does **not** include ear wax.

☐ **Yes** ☐ **No**



Have you suddenly (over 1 week) lost your hearing or has your hearing suddenly got worse? This does **not** include if your hearing was linked to having a cold, cough, runny nose, sore throat or ear infection.

☐ **Yes** ☐ **No**

If you answered ‘yes’ to the last question, you must speak to your GP about this straight away.



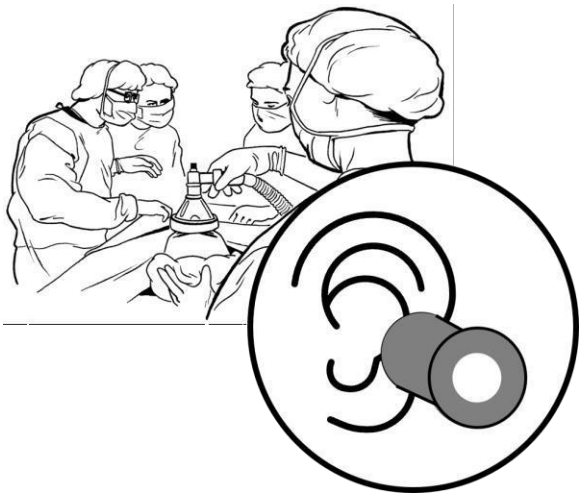
In the last 3 months, have you quickly (over 3 months) lost your hearing or has your hearing quickly got worse?

☐ **Yes** ☐ **No**



Have you had hearing loss that comes and goes? This does **not** include if your hearing loss was linked to having a cold.

☐ **Yes** ☐ **No**



Have you ever had surgery on your ears? This does **not** include surgery to put **grommets** (tiny tubes) inside your ear, unless this was done in the last year.

☐ **Yes** ☐ **No**



In the last 3 months, have you felt that you or things around you are spinning?

☐ **Yes** ☐ **No**



Have you noticed any 'ringing' or 'humming' sounds in your ears?

This includes sounds that last for more than 5 minutes at a time, **or** are in time with your heartbeat, **or** are bad enough to stop you from sleeping.

☐ **Yes** ☐ **No**



Have you got an illness or condition that means you cannot go out of the house?

☐ **Yes** ☐ **No**

If you said ‘yes’ to the last question, this means you might need a home visit.



Thank you for answering these questions.

If you think you have ear wax

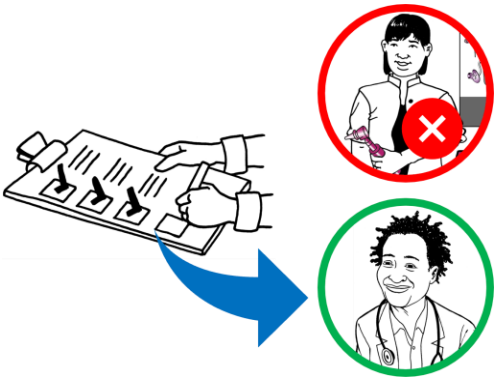


You must tell your hearing service provider. If you have ear wax that needs treatment, they will arrange this for you.



The ear wax must be looked at before your hearing check. Sometimes, hearing aids cannot be fitted until the ear wax is treated.

If you said ‘yes’ to any of the questions



This means self-referral is **not** the right option for you. Contact your GP for advice.

If a provider helped you to complete the form and you said ‘yes’ to any of the questions



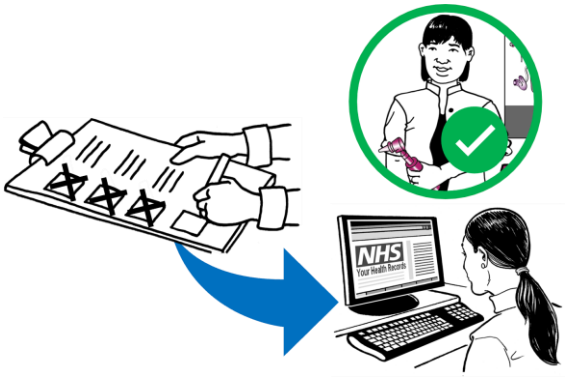
This means self-referral is **not** the right option for you. Talk to your provider about what to do next.



The provider may contact your GP to talk about your hearing problems.

If you can, you should also contact your GP practice in the next 2 weeks.

If you said ‘no’ to all the questions



This means you **can** self-refer to hearing services. If you want to do this, contact 1 of the providers on this webpage: https://www.staffsstokeics.org.uk/~documents/route%3A/download/3948/



If you have a hearing test and have a hearing aid fitted, the provider will manage your aftercare and hearing reviews.

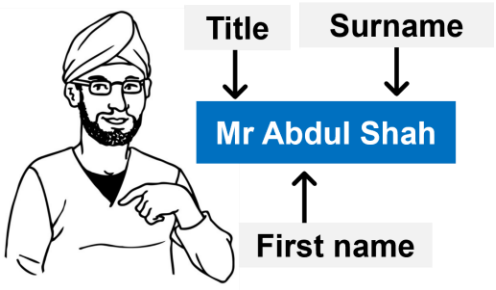


Usually, after 3 years, you can have another full hearing check. You can choose a different provider for this if you want. If you need help with this, ask the provider you were using.

About you

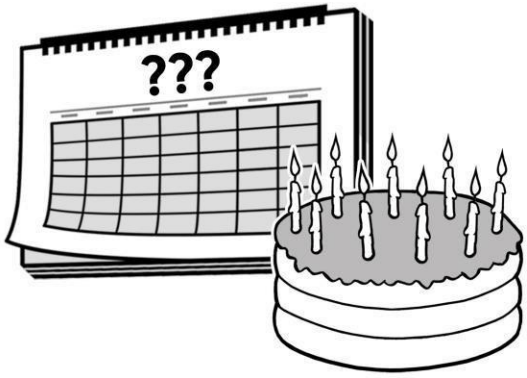
Please answer the questions on the next few pages.

Your answers will help us better understand your needs.



What is your name?

Last name	
First name	
Title (like Mr, Mrs)	



What is your date of birth

(when were you born)?



What is your NHS number? If you do not know your NHS number, visit this NHS webpage to find it out:

www.nhs.uk/nhs-services/online-services/find-nhs-number



What is your sex (gender)?

☐ **Female** ☐ **Male**

☐ **I prefer not to say**



What is your ethnic group or background? Choose 1 option that best describes you.

Asian/Asian British:

☐ **Indian**

☐ **Pakistani**

☐ **Bangladeshi**

☐ **Chinese**

☐ **Other:**

Black/African/Caribbean/ Black British:

☐ **African**

☐ **Caribbean**

☐ **Other:**

Other ethnic group:

☐ **Arab**

☐ **Other:**

Mixed/Multiple ethnic groups:

☐ **White and Black Caribbean**

☐ **White and Black African**

☐ **White and Asian**

☐ **Other:**

White:

☐ **English/Welsh/Scottish /Northern Irish/British**

☐ **Irish**

☐ **Gypsy/Irish Traveller**

☐ **Other:**

☐ **I prefer not to say**



What is your home address?



What is your postcode?



What is the best phone number to call you on?

☐ **This is my phone number**

☐ **This is my carer's phone number**



What is the best phone number to leave a message on for you?

☐ **This is my phone number**

☐ **This is my carer's phone number**



What email address can we contact you on?

☐ **This is my email address**

☐ **This is my carer's email address**



Do you need any help with communication, like an interpreter?

☐ **Yes** ☐ **No**

If you answered 'yes', what kind of communication support do you need?



Have you had hearing aids from the NHS in the last 3 years?

☐ **Yes** ☐ **No**

If you said 'yes' to the last question, please **stop** filling in this form. Contact the provider you used last time, as they will be able to help you.



Do you have a physical or mental disability that limits your ability to do day-to-day activities? The disability should last more than 1 year or have a big impact on your day-to-day activities.

☐ **Yes** ☐ **No**



Do you have a learning difficulty (like dyslexia or autism)?

☐ **Yes** ☐ **No**



Do you have dementia (a brain condition that can make you forgetful or confused)?

☐ **Yes** ☐ **No**

About your GP (doctor)







What is the name of your GP practice?

What is the name of your GP?

What is the phone number for your GP practice?



Thank you for filling in this form. Please keep it and show it to the relevant provider if needed.

All images are copyright Change **www.changepeople.org**

Produced by NHS Arden and Greater East Midlands Commissioning Support Unit and NHS Midlands and Lancashire Commissioning Support Unit.

www.ardengemcsu.nhs.uk **www.midlandsandlancashirecsu.nhs.uk**