Hearing concern referral form

Confidential once completed. Complete on paper or in your care home's approved systems, and store securely in line with your data protection policy. Never enter resident information on this website.

⚠ Is it urgent?

Call 999 for stroke signs, a serious head injury, or a swallowed battery. **Contact the GP or NHS 111 the same day** for sudden hearing loss, ear pain, discharge, swelling or new dizziness. Do not wait to complete this form.

Resident _____ **Room** _____

Completed by (name and role) _____ **Date and time** _____

Situation – what is the concern?

What have you noticed, and which ear?

_____

_____

_____

Background

When did it start? Sudden (hours or days) or gradual (weeks or months)?

_____

_____

Hearing aids or other equipment, and who supplied them

_____

Assessment – what have you checked?

- ☐ Hearing aids checked: power, path, placement (result:)
- ☐ Ear looked at from the outside: soreness / redness / discharge / visible wax / none
- ☐ Pain: yes / no
- ☐ Dizziness: yes / no
- ☐ Stroke signs (face, arms, speech, confusion): yes / no

Recommendation – what do you think is needed?

- ☐ Routine: hearing assessment
- ☐ Routine: ear examination
- ☐ Routine: hearing aid repair or review with supplier
- ☐ Urgent: same-day GP or NHS 111 advice
- ☐ Emergency: 999

Passed to (name, role) and action agreed

Outcome and date