

# Audiology Referral for an Infant/Child

This form can be used to refer an infant/child (0-5 years) for diagnostic audiology. Check directly with the audiology centre to make sure this form covers all their required referral information. Audiology centre contact details can be found here: [www.rch.org.au/vihsp/resources/Audiology\\_referral/](http://www.rch.org.au/vihsp/resources/Audiology_referral/)

## Infant/child details

Please follow your organisation's procedures for disclosure of health information and Aboriginal or Torres Strait Islander status.					
Surname:		Surname at birth:			
First name:		Date of birth:		Sex:	
Gestational age at birth:		weeks	days	Newborn hearing screen result:	
Aboriginal and/or Torres Strait Islander:					

## Reason for referral (please tick all that apply)

<input type="checkbox"/>	Significant head injury
<input type="checkbox"/>	Congenital abnormality of the head/neck (including Down Syndrome)
<input type="checkbox"/>	Meningitis/encephalitis/Hypoxic-ischaemic encephalopathy (HIE)
<input type="checkbox"/>	Congenital CMV (cytomegalovirus)
<input type="checkbox"/>	Close relative (baby's biological parent or sibling) born with a permanent childhood hearing loss
<input type="checkbox"/>	Maternal infection during pregnancy (Syphilis, Toxoplasmosis, Other infections that may cause birth malformations, Rubella, Cytomegalovirus, Herpes)
<input type="checkbox"/>	Parental concern regarding the child's hearing
<input type="checkbox"/>	Neurodegenerative disorder
<input type="checkbox"/>	Syndrome related to hearing loss      please specify:
<input type="checkbox"/>	Ventilation > 5 days (excluding CPAP)
<input type="checkbox"/>	Ototoxic medication for 3 or more consecutive doses
<input type="checkbox"/>	Severe jaundice at exchange transfusion level
<input type="checkbox"/>	Other – please specify

## Parent/carer details

Name:	Email:
Address:	Phone:

## Referrer details

Complete the referrer details section with the details of the person making this referral.

Name:	Organisation:	
Role:	Other:	Referral date:
Postal address:		
Phone:	Email:	

## Audiology provider

Audiologist name:	Audiology Centre:
Address:	Phone:

## Audiology appointment details

Document the referral and follow up as per your organisational requirements. Please do not send a copy of this form to the Victorian Infant Hearing Screening Program:

<b>Audiology appointment made by referring health professional and referral form sent to Audiology centre</b>			
Details of appointment	Date	Time	
<b>Referral form given to the family to make audiology appointment</b>			
<b>Referral form sent to the Audiology centre: Audiology centre to make the appointment with the family</b>			

# Audiology Assessment referral further information

## When should an infant/child be referred to an audiologist for a hearing test?

- If a parent, carer or health care provider have concerns about the infant's hearing, speech, language or communication development
- When an infant/child has a risk factor for hearing loss

If the infant or child is already under the care of an audiologist they do not need to be referred again.

## What does the audiology assessment involve?

An audiologist (a specialist in hearing) will perform a number of different hearing tests, depending on the age of the child. None of these are harmful or painful to the child. The aim is to get a complete picture of the child's hearing.

## Who can make a referral for an audiology test?

Each Audiology provider determines who can make a referral to their service. This may include

- Maternal and Child Health nurses
- GPs
- Paediatricians
- Speech pathologists
- Other health professionals
- Requests directly from parents

## Where can the referring health professional get more copies of this form?

This is an interactive form that you can download and save from <https://rch.org.au/vihsp>; navigate to Resources, Audiology Referral.

## Where can I find a list of audiology centres that can do hearing assessments for infants/children?

The contact details for Victorian paediatric audiology centres are available from <https://rch.org.au/vihsp>; navigate to Resources, Audiology Referral. Note this list may not include all paediatric audiology providers in Victoria and does not constitute endorsement by VIHSP

## Who should the audiology centre contact if there are issues, e.g. incomplete information with this infant or child's referral?

Please contact the referring health professional listed over the page as they will have the record of why this infant or child is being referred. Please note VIHSP is not involved in the ongoing monitoring of the child's hearing.

## Who can I contact for more information about the audiology appointment?

For further information about the audiology appointment contact the audiology centre that the infant or child has been referred to.

## Who can I contact for more information about newborn hearing screening in Victoria:

For further information about newborn hearing screening please contact the Victorian Infant Hearing Screening Program

W: <https://rch.org.au/vihsp>

P: 03 9345 4941

E: [email.vihsp@rch.org.au](mailto:email.vihsp@rch.org.au)

**This form has been developed by the Victorian Infant Hearing Screening Program to facilitate audiology referrals. Inquiries about this referral, or the audiology appointment, should be directed to the referrer or the audiology centre on the reverse side of this form.**