Adult Hearing Loss Referral Pathway

**Adult Patient with hearing loss.**

- **In-house wax removal** or if wax removal is unsuccessful
  - **Micro Suction RNTNE:**
    - Referral letter
    - Fax: 020 7837 8248
    - Tel: 0845 155 5000

- **Aural Care Clinic RFH:**
  - Referral letter
  - Tel: 020 7794 0500 (ext 80020)
  - Fax: 020 7433 2653

- **Outpatient ENT Clinic**
  - Referral letter
  - Choose & Book

- **Bilateral hearing loss that requires hearing aid assessment?**
  - **YES**
  - **YES**
    - **Walk-in Hearing Aid Clinic** (at hospital of fitting)
      - **RFH:**
        - Open only for hearing aid repairs (faulty/broken hearing aids)
        - Open Wednesday 2pm - 4pm
        - Patient to contact department directly for any other issues so appointment can be booked
        - Tel: 020 7472 6318
        - Email: rfh.audiology@nhs.net
      - **RNTNE:**
        - No appointment required
        - Note from GP maybe useful
        - [www.uclh.nhs.uk/OurServices/ServiceA-Z/ENTS/HAS](http://www.uclh.nhs.uk/OurServices/ServiceA-Z/ENTS/HAS)
      - **St Mary’s:**
        - PT must collect form from St Mary’s and have it authorised by GP
  - **NO**
    - **YES**
      - **Fitted Locally?**
        - **YES**
          - **Less than 3 years ago?**
            - **YES**
              - **Outpatient ENT Clinic**
                - Referral letter
                - **Choose & Book**
            - **NO**
              - **YES**
                - **Over 50 years of age?**
                  - **YES**
                    - **AQP Audiology (above 50yrs)**
                      - AQP pro forma (compulsory)
                      - Choose & Book
                  - **NO**
                    - **NO**
                      - **YES**
                        - **Direct Access Audiology (16-49yrs old)**
                          - Choose & Book
                          - **RFH:**
                            - pro forma
                            - Referral letter and pro forma for pts with hearing aids
                          - **RNTNE:**
                            - will accept RFH pro forma or referral letter
                          - **St Mary’s/Other:**
                            - Referral letter