

# Adult Cochlear Implant Programme Referral Form (over 19 years)



To ensure your referral is accepted and actioned promptly, it is vital that we receive the complete information requested below. We are unable to accept your referral until we receive all the following information:

Please complete all of the following referrer details below

Date of referral:	
Referrer's Name & Title:	
Work Address:	
Work Phone:	
Work Email:	
Work Mobile:	

Please complete all of the following patient details below

Client Name:	
Client Address:	
Date of Birth:	
Name and Address of Local Audiologist (if different from referrer):	
Age hearing loss confirmed:	
Duration of Hearing Loss:	
Duration hearing loss has been severe/profound:	
Duration of time loss has been aided:	
Cause of hearing loss: e.g. meningitis, congenital, progressive, other	

Primary mode of communication:	
Make and Model of Hearing Aids:	
Earmould Type:	

Referral Criteria	Information Required
<p><b>NZ Residency</b></p> <p>Adults will not be able to access services in the publicly funded service if they do not hold NZ residency. The client will be required to provide a copy of their NZ birth certificate or visa in their passport</p>	<p>Copy of patient's birth certificate, citizenship certificate, or residency visa.</p>
<p><b>Baseline Audiometric Criteria</b></p> <p>Hearing loss should be severe from 1 kHz to 8 kHz on unaided test and/or limited to speech information above 2 kHz (as seen on speech mapping)</p> <p>They must previously have had sufficient hearing to have developed some spoken language. Speech audiometry less than 60% on HINT sentence or less than 30% on CNC words</p>	<p>Please attach all the following audiological information:</p> <ul style="list-style-type: none"> <li>• Current diagnostic audiogram (speech audiometry, immittance, and if available OAE)</li> <li>• Previous audiograms and speech audiometry</li> <li>• Copy of any ENT reports (if available)</li> </ul>
<p><b>Hearing Aids</b></p> <p>The adult client should be optimally aided. They should have ear moulds fitted in the last year.</p>	<p>Please enclose:</p> <ul style="list-style-type: none"> <li>• Print-out of settings</li> <li>• Real ear measures</li> </ul>

**Please ensure you have completed everything on the following checklist:**

- Completed all of the referrer details section
- Completed all of the client details section

**Please ensure copies of the following are enclosed:**

- Proof of New Zealand Residency (photocopy of NZ birth certificate, passport or NZ residency visa)
- ENT reports and letters (if available)
- ABR (if available)
- Current diagnostic audiogram (speech audiometry, immittance audiometry, and otoacoustic emissions)
- Previous audiograms & speech audiometry
- Copy of hearing aid settings
- Copy of real ear measures

Please email documents to: [reception@scip.co.nz](mailto:reception@scip.co.nz) or post to  
 Clinical Coordinator  
 Southern Cochlear Implant  
 Programme  
 c/- Milford Chambers  
 St. George's Hospital  
 249 Papanui Road  
 Christchurch 8014