

Paediatric Cochlear Implant Programme Referral Form (0-18 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:	

Please complete all of the following patient details below

Client Name:	
Client Address:	
Date of Birth:	
Age hearing loss confirmed:	
Date Hearing Aids Fitted:	
Cause of hearing loss: e.g. meningitis, Connexin mutation, EVAS, CMV, other. Is there any comorbidity?	
Make and Model of Hearing Aids:	

Please refer children who you consider might be borderline candidates. We are always happy to discuss cases with you on the phone

Referral Criteria	Information Required
<p>NZ Residency</p> <p>Patients will not be able to access services in the publicly funded service if they do not hold NZ residency.</p>	<p>Copy of patient's birth certificate, citizenship certificate, or residency visa.</p>
<p>Baseline Audiometric Criteria</p> <ul style="list-style-type: none"> • Children with a bilateral severe hearing loss or worse, from 1 kHz to 8 kHz on ABR testing or on an unaided test. • Children with limited aided speech information above 2 kHz (as seen on speech-mapping). Children with a severe reverse sloping hearing loss or worse whose speech and language is not progressing adequately. • Children with auditory neuropathy spectrum disorder who are not progressing in their speech and language development. • Children who have recently suffered from meningitis which has caused a sensorineural hearing loss should be referred urgently upon diagnosis. A CT and 3-D CISSMRI to be arranged through the local ENT service. • Children referred who are older than three years of age should have documented evidence of oral language developing. • Children who are over four years of age with no oral language will be considered and discussed only on a case-by-case basis. • A child older than five years of age with no language is unlikely to benefit from a cochlear implant. • Children with additional needs will be accepted for assessment 	<p>Please attach all of the following audiological information:</p> <ul style="list-style-type: none"> • ABR if available • Diagnostic audiogram (speech audiometry, immittance audiometry, OAEs) • Previous audiograms & speech audiometry • Copies of any ENT and Paediatrician reports and letters.
<p>Hearing Aids The patient should be optimally aided.</p>	<p>Please enclose:</p> <ul style="list-style-type: none"> • Print-out of settings • Real ear measures

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 NZ residency
- ENT reports and letters (if available)
- Paediatrician reports and letters (if available)
- ABR (if available)
- Current diagnostic audiogram (speech audiometry, immittance audiometry, and otoacoustic emissions)
- Previous audiograms & speech audiometry (as appropriate)
- Copy of hearing aid settings
- Copy of real ear measures

Please email documents to:
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