

Southern Cochlear Implant Programme Referral Form



Adults (> 19 years)

The client has given verbal consent for this referral and for SCIP to access medical information relevant to cochlear implant assessment
(ensure this box is ticked before proceeding)

Referrer Details	
Date of Referral	
Referrer's name and title	
Clinic address	
Clinic phone	
Contact email	

Referral Criteria	Information Required
<p>NZ Residency To be eligible for a cochlear implant, you must live permanently in New Zealand.</p>	Copy of client's birth certificate, evidence of citizenship or a residence class visa
<p>Baseline Audiometric Criteria Hearing loss should be severe from 1 kHz to 8 kHz on unaided testing and/or have limited access to speech information above 2 kHz (as seen on speech mapping) OR have a diagnosis of Auditory Neuropathy Spectrum Disorder, OR unaided speech testing scores (AB Words, CVC Words) poorer than expected based on pure tone audiogram.</p> <p>The client must previously have had sufficient hearing to have developed spoken language.</p>	Please attach all the following audiological information: <ul style="list-style-type: none"> • Current diagnostic audiogram (speech audiometry, immittance) • Previous audiograms and speech audiometry • Copy of any ENT reports (if available)
<p>Hearing Aids The adult client should be optimally aided. They should have ear moulds fitted in the last year.</p>	Please enclose - Real ear measures

Please complete all client details	
Client Name	
Client Address	
Date of Birth	
Client phone number (landline and mobile)	
Client email address	
Name and address of General Practitioner	
Age hearing loss confirmed	
Duration of hearing loss	
Duration hearing loss has been severe/profound	
Duration loss has been aided	
Cause of hearing loss: eg. Meningitis, congenital, progressive, other	
Primary Mode of Communication	
Make and Model of current hearing aids and date fitted	
Earmould type and date fitted	
Brief description of hearing history	

Please ensure copies of the following are enclosed:

- Proof of New Zealand Residency
- All available audiograms
- Copy of most recent real ear measures
- ENT reports and letters (if available)

Please email documents to **reception@scip.co.nz** or post to
 Clinical Co-ordinator
 Southern Cochlear Implant Programme
 Milford Chambers
 St George's Hospital
 249 Papanui Road
 Christchurch 8014