



# Children's Hearing Implant Program (CHIP)

## Referral and Criteria (0 to 15 years)

Please complete information requested below

Patient name:  DOB:

Address:

Parent/caregiver's name:

School address (if applicable)

### Reason for referral

Specific implant assessment  
(please circle)

Cochlear Implant	Bone conduction Implant
Middle ear Implant	Auditory brainstem implant

### Clinical details (please fill or tick)

History

Type of hearing loss	<input type="checkbox"/> Unilateral	<input type="checkbox"/> Bilateral
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Age of onset of hearing loss

Cause of hearing loss if known

(eg. Connexin mutation, enlarged vestibular aqueduct, CMV, Meningitis)





**Referring details**

Name of referrer:

Provider number:

Address or stamp

Phone / Fax

**Email address:**

**Date**


Referral Criteria
<p><b>Australian Residency</b></p>
<p><b>Baseline Audiometric Criteria</b></p> <ul style="list-style-type: none"> <li>• Children with unaided hearing threshold levels in the moderate to profound range will be considered, including those with steeply-sloping high frequency hearing loss.</li> <li>• Children diagnosed with auditory neuropathy spectrum disorder</li> <li>• Children who have recently suffered from bacterial meningitis should be referred urgently upon diagnosis.</li> <li>• Children with single-sided deafness.</li> </ul> <p>All children will be considered for candidacy in view of family goals and expectations.</p>
<p><b>Hearing Aids</b></p> <p>Children should be optimally aided and wearing hearing aids all waking hours.</p>

**Please ensure copies of the following are enclosed** (if available):

- ENT reports and letters
- Paediatrician reports and letters
- ABR results
- Current diagnostic audiogram (incl. speech audiometry, immittance audiometry & otoacoustic emissions)
- Previous audiograms and speech audiometry
- Copy of hearing aid settings
- Copy of real ear measures
- Copy of Speech Pathology reports

**Please forward this referral with supporting documentation to:**

Children's Hearing Implant Program  
 Audiology Department  
 Perth Children's Hospital  
 Locked Bag 2010  
 Nedlands WA 6009

