



The Stichbury Bidwill Centre  
 251 Campbell Road  
 PO Box 74022  
 Greenlane, Auckland 1546

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 info@hearinghouse.co.nz  
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## NCIP Cochlear Implant Referral Form for Adults (19 years and over):

To ensure your referral is accepted and actioned immediately, it is vital that we receive the complete information requested (referral document and check list). If you are not an audiologist fill in the form as best you can. The referral will not be processed until we have all essential information so getting the name of your client's audiologist will make the process faster. If your client does not meet referral criteria we are happy to arrange a private assessment on receipt of this form.

<b>Please complete all of the following referrer details:</b>	
Date of referral:	
Referrer's Name & Title:	
Clinic & Work address:	
Work phone:	
E-Mail address:	
If you are not an audiologist who can we contact to get audiology information?	
<b>Please complete all of the following client details:</b>	
Client name:	
Date of birth:	
Client's Address:	
Clients NHI (if known):	
Client's Phone (home and cell if available):	
Interpreter needed? What type?	
Clients Email:	
Do they wear hearing aids? If no why not?	
Make and Model of hearing aids:	
Earmould type:	
Additional information (E.g. Family situation, mental health issues, motivation):	

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

- Completed all of the client details section and obtained consent for referral. (Release of Information form stating client is happy for their information to be shared with The Hearing House).

**Enclosed copies of:**

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

Please either email copies of the documents to [adultci@hearinghouse.co.nz](mailto:adultci@hearinghouse.co.nz) or send via post to:

Cochlear Implant Coordinator  
 Northern Cochlear Implant Programme (Adults)  
 PO Box 74 022  
 Greenlane  
 Auckland. 1546

Public Referral criteria	Information Required
<p><b>NZ Residency</b>                      Adults will not be able to access services in the publically funded programme if they do not hold NZ citizenship or residency. (Potential candidates must also live in New Zealand for at least 183 days per year).</p>	<p>Copy of client's New Zealand birth certificate, passport or New Zealand residency visa.</p>
<p><b>Baseline Audiometric Criteria</b>                      Presence of a severe hearing handicap (can be evidenced by speech audiometry that is <math>\leq 60\%</math> PImax on CVC or AB words in the better hearing ear.).</p> <p><b>Clients must previously have had sufficient hearing to have developed some spoken language.</b></p>	<p>Please attach all the following audiological information:</p> <ul style="list-style-type: none"> <li>• Current diagnostic audiogram (speech audiometry, immittance audiometry, and if available otoacoustic emissions)</li> <li>• Previous audiograms &amp; speech audiometry</li> <li>• Copies of any ENT reports (if available)</li> </ul>
<p><b>Hearing Aids</b>                      Hearing aids and moulds need to be optimized for the loss. If prescriptive targets have not been met make note of why this has occurred. If there is no residual hearing ear moulds are required to assess lip reading benefit.</p>	<p>Please enclose:</p> <ul style="list-style-type: none"> <li>• Print out of settings</li> <li>• Real ear measures</li> </ul>

Private Referral criteria	Information Required
<p><b>Baseline Audiometric Criteria</b> Presence of a severe hearing handicap as evidenced by speech audiometry that is <math>\leq 60\%</math> in either ear. (Pimax on CVC or AB words).</p> <p><b>Clients must previously have had sufficient hearing to have developed some spoken language.</b></p>	<p>Please attach all the following audiological information:</p> <ul style="list-style-type: none"> <li>• Current diagnostic audiogram (speech audiometry, immittance audiometry, and if available otoacoustic emissions)</li> <li>• Previous audiograms &amp; speech audiometry</li> </ul> <p>Copies of any ENT reports (if available)</p>
<p><b>Hearing Aids</b> Hearing aids and moulds need to be optimized for the loss. If prescriptive targets have not been met make note of why this has occurred. If there is no residual hearing ear moulds are required to assess lip reading benefit.</p>	<p>Please enclose:</p> <ul style="list-style-type: none"> <li>• Print out of settings</li> </ul> <p>Real ear measures</p>