

Adult Cochlear Implant Referral & Criteria Form (19 years and over)



To ensure your referral is accepted and actioned immediately, 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:

Date of referral:	
Referrer's Name & Title:	
Work address:	
Work phone:	
Work mobile:	
Email address:	

Please complete all of the following client details:

Client name:	
Client address:	
Date of birth:	
Name & 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. (Note if a significant conductive loss is present other medical interventions must be investigated first):	
Primary mode of communication:	
Make and model of hearing aids:	
Earmould type:	

Referral criteria	Information Required
<p>NZ Residency</p> <p>Adults will not be able to access services in the publically funded programme 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 client's New Zealand birth certificate, passport or New Zealand residency visa.</p>
<p>Baseline Audiometric Criteria</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). They must previously have had sufficient hearing to have developed some spoken language. Speech audiometry <60% on CVC or AB words</p>	<p>Please attach all the following audiological information:</p> <ul style="list-style-type: none"> • Current diagnostic audiogram (speech audiometry, immittance audiometry, and if available otoacoustic emissions) • Previous audiograms & speech audiometry • Copies of any ENT reports (if available)
<p>Hearing Aids</p> <p>The adult client should be optimally aided. They should have had earmoulds fitted in the last year.</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 are enclosed of:

- 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 either email documents to adult@ncip.org.nz or send via post to:

Coordinator
 Adult Northern Cochlear Implant Programme
 c/o The University of Auckland Clinics
 Private Bag 92019
 Auckland 1142