

When To Refer To An Audiologist



NeuroHearing

When your patient presents with any of the following comorbidities:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sudden or rapidly progressive hearing loss | <input type="checkbox"/> Acute or chronic dizziness | <input type="checkbox"/> Diabetes Types 1 & 2 |
| <input type="checkbox"/> Unilateral hearing loss of sudden onset within the past 90 days | <input type="checkbox"/> Vertigo | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Otorrhea in past 90 days | <input type="checkbox"/> Tinnitus | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Otalgia in past 90 days | <input type="checkbox"/> Noise exposure | <input type="checkbox"/> Cardiovascular disease |
| <input type="checkbox"/> Visible congenital or traumatic deformity of the ear | <input type="checkbox"/> History of ear surgery | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> Previously diagnosed and untreated hearing loss | <input type="checkbox"/> History of ear infections | <input type="checkbox"/> Autoimmune disease |
| <input type="checkbox"/> Family history of hearing loss | <input type="checkbox"/> Vision loss | <input type="checkbox"/> History of head injury |
| <input type="checkbox"/> Congenital hearing loss | <input type="checkbox"/> Renal dysfunction | <input type="checkbox"/> History of stroke |
| <input type="checkbox"/> Cerumen impaction | <input type="checkbox"/> Chronic kidney disease | <input type="checkbox"/> Dementia |
| | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Cognitive decline |
| | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Depression |
| | <input type="checkbox"/> Anemia | <input type="checkbox"/> Current smoker |
| | <input type="checkbox"/> Grave's disease | |



NeuroHearing

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When your patient is taking any of the following medications:

☐ Ototoxic medications

☐ Loop inhibiting diuretics

☐ Aminoglycoside antibiotics

☐ Vestibulotoxic medications

☐ Cisplatin/Carboplatin

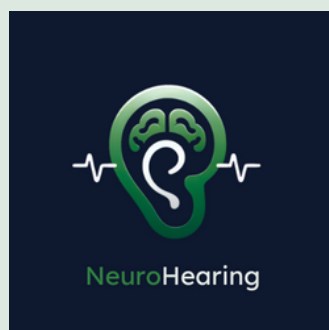
3

When your patient reports:

☐ Hearing difficulties

☐ Balance issues

☐ Tinnitus



When your patient fails a hearing screening - recommended screening measurements:

☐ Subjective: HHIE-S

What is it?

A self-administered 10 question screener assessing your patient's social and emotional impact of their hearing status.

Time required to complete?

2 minutes

When to refer?

Refer patients who score 8 or higher

[Continue to next page for printable HHIE-S](#)

☐ Objective: Pure Tone Hearing Screening

What is it?

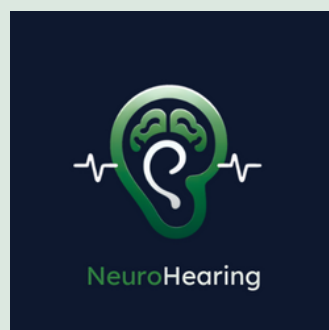
Hearing screening assessing patient's ability to hear tones in both ears at 40dB at frequencies of 500, 1000, 2000 and 4000 Hz

Time required to complete?

Approximately 90 seconds

When to refer?

Refer patients who fail to hear 2 frequencies in at least one ear



HHIE-S

Instructions: The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select *Yes*, *Sometimes*, or *No* for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear with the hearing aid.

	No	Sometimes	Yes
1. Does a hearing problem cause you to feel embarrassed when you meet new people?	0	2	4
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	0	2	4
3. Do you have difficulty hearing when someone speaks in a whisper?	0	2	4
4. Do you feel handicapped by a hearing problem?	0	2	4
5. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	0	2	4
6. Does a hearing problem cause you to attend religious services less often than you would like?	0	2	4
7. Does a hearing problem cause you to have arguments with family members?	0	2	4
8. Does a hearing problem cause you to have difficulty when listening to television or radio?	0	2	4
9. Do you feel that any difficulty with your hearing limits/hampers your personal or social life?	0	2	4
10. Does a hearing problem cause you difficulty in a restaurant with relatives or friends?	0	2	4

Grand Total

Column Totals

_____ (add column totals)

Get in touch!

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