Assessment for BAHA - referral information

• **Who can attend or receive our service?**

Children and adults may be referred to the team for assessment and management with a softband/headband trial. The service is appropriate for children or adults who are thought to have a conductive hearing loss, with or without microtia (where the outer ear or canal is missing).

• **Where to find us at York Hospital**

The service is based in the Audiology Department, York Hospital, Wigginton Road, York, YO31 8HE. We also cover outlying areas such as Malton for assessment and fittings.

• **How do I refer a patient?**

For children please see the referral criteria and complete as fully as possible. For adults, a letter including any significant otological history, as well as recent PTA with AC and BC (see criteria sent to the ENT consultants).

• **How to contact us**

Audiology 01904 726741/725454

Head and Neck reception 01904 726400
• **Meet the Team**

Our trained staff members offer a professional and caring service to children, adults and their families in a friendly environment.

• **Consultant Otolaryngologists**
  Mr Gerard Reilly and Mr Alastair Mace

• **Head of Audiology**
  Mrs Kate Iley

• **Audiologists**
  Miss Christy Davidson Specialist Audiologist (Adults)
  Mrs Stacey Gurnell Specialist Audiologist (Paediatrics)
  Mrs Tracy Devine Specialist Audiologist (Adults and Paediatrics)

• **Teachers of the Deaf**
  Mrs Helen Martin – Senior practitioner, York
  Mrs Lesley Gallagher – Sensory partnership Co-ordinator, East Riding
  Carol Barnes – Senior practitioner, North Yorkshire
• **Referral criteria**

• Children or adults with:
  1. Congenital abnormalities of the outer and/or middle (e.g. atresia, microtia) with a conductive or mixed hearing loss
  2. Permanent conductive or mixed hearing loss
  3. Unilateral conductive or mixed hearing loss
  4. Single sided deafness (unilateral dead ear) where a Cros/Bicros system has shown to provide no significant benefit

• Patients should be able to handle the hearing aid device, and also be able to keep the skin around the BAHA site clean

• Patients should be capable of undergoing the assessment and rehabilitation provided. It is important that patients have a supportive network from home and local services to encourage the attendance of appointments and continued use of the BAHA

• Patients and their families should have realistic expectations of the BAHA’s performance and on-going maintenance and hygiene

• Patients should have predominantly conductive hearing loss with good cochlear function

• For a conductive hearing loss patients will benefit with an air bone gap of more than 30dB

• For a mixed hearing loss patients will benefit with an air bone gap of more than 30dB. The most powerful BAHA
sound processor can compensate for a sensorineural element of up to 65db (measured at 0.5, 1, 2, 3 and 4KHz).

- Patients with single sided deafness who have normal hearing or a mild hearing loss in their better ear may benefit from a BAHA, but a Cros/Bicros hearing aid must be trialled first.

- BONE CONDUCTION THRESHOLDS MUST BE WITHIN THE SHADED AREAS:

Referral information needed - please either complete the information on the form provided or supply with a letter.
Name of patient: ...........................................................................................................
DOB: .........................................................................................................................
Hospital number: ......................................................................................................
NHS number: ............................................................................................................
Address: ...................................................................................................................
Telephone number: ..................................................................................................
GP: ............................................................................................................................
Current provider of Audiology services: .....................................................................

FOR PAEDIATRIC REFERRALS ONLY:
Parent/carer’s name: ............................................................................................... 
Telephone number: ................................................................................................. 
Teacher of the Deaf: .................................................................................................

Audiological information:
Current full audiogram: YES / NO
Previous audiogram: YES / NO
Tympanometry results provided: YES / NO
ABR results provided: YES / NO

Current hearing aid information:
Hearing aid: Right ear / Left ear / Bilateral
Make/Model: ............................................................................................................
Settings: ...................................................................................................................
Earmould type: ........................................................................................................ 

Medical information (aetiology, imaging, ENT):
Additional information:

Any additional needs:

Name of Referrer: .................................................................
Position: .................................................................
Address: .................................................................
Contact: .................................................................

Has the patient / their family been given any information on bone anchored hearing aids?
YES / NO