

## Self-Referral Audiology Service

**Please read the following information carefully**

To self-refer to Audiology, please follow the steps below.

**If you are currently experiencing any of the following, please do not proceed with this referral and seek immediate medical / GP support if you are experience any of these symptoms.**

- Altered sensation or numbness in your face
- Pain in your ears
- An active ear infection or discharge from your ear/s
- Sudden hearing loss (over a period of 3 days)

**I confirm I am a resident of Powys**

**I confirm that I have none of the above symptoms**

**I confirm that I am over the age of 16**

**This service is currently only available in South Powys. Out of the following sites, please select which you would prefer to attend:**

- Knighton
- Llandrindod Wells
- Bronllys
- Ystradgynlais

**Which of the following is your main concern:**

- Hearing Difficulty (Complete 1. Hearing Difficulty, Page 2)
- BPPV – (Movement evoked dizziness) (Complete 2. BPPV, Page 2)
- Tinnitus (Noise in the head or one/both ears) (Complete 3. Tinnitus, Page 5)

## **1. Hearing Difficulty**

**Does Powys Teaching Health Board currently provide you with a hearing aid?**

**Yes**

Please contact the Audiology Department

Telephone: 01874 615691

Text: 07970 250 854

Email: AdultAudiology.powys@wales.nhs.uk

Postal Address: Audiology Department, Brecon War Memorial Hospital,  
Cerrigcochion Road, Brecon, Powys LD3 7NS

You will need a reassessment every 3-5 years

**DO NOT PROCEED WITH THIS REFERRAL**

**No** (*continue to next question*)

**Is your hearing loss related to a build-up of wax in your ear/s?**

**Yes** – if yes, please complete the wax removal self-referral form. If you still feel you have hearing concerns after wax removal, please complete this form for a hearing assessment.

**No**

**Do you have a PVP shunt fitted?**

Yes

No

## **2. Benign Paroxysmal Positional Vertigo (BPPV)**

**If you are experiencing brief episodes of intense dizziness provoked by moving your head into certain positions, the Audiologist may be able to assess and treat this condition. BPPV occurs when tiny chalk-like crystals inside the inner ear become loose and float around into a different part of the vestibular system. BPPV causes brief mild to intense episodes of dizziness triggered by changes in head position.**

**The dizziness is usually characterised by a spinning sensation (like getting off a roundabout), feeling as if you or your surroundings are moving. You may also experience nausea, vomiting, sweating, and unusual eye movements. The dizziness usually lasts 30 seconds to a minute and commonly occurs when lying down, turning over in bed and looking up.**

### **Does your dizziness occur when changing positions?**

- Yes
- No

If yes, please tick all that apply:

<input checked="" type="checkbox"/>	<b>Position</b>	<input checked="" type="checkbox"/>	<b>Position</b>
	Rolling your body to the left		Rolling your body to the right
	Looking up and tipping your head back		Bending over with your head down
	Turning your head side to side		Moving from lying to sitting

### **Does the episode of intense dizziness last**

- Less than one minute
- More than one minute

### **Do you have any history of diagnosis of balance conditions?**

- Yes (please provide details)
- No

### **Are you taking any medication prescribed for your dizziness / balance symptoms?**

- Yes

No

**Please list any mobility issues or neck or back pain or stiffness which may affect your balance assessment:**

**Do you have any visual impairment or blindness which may affect your balance assessment?**

Yes

No

**If yes, please provide details:**

**Have you had any eye surgery in the past 2-3 months?**

Yes

No

**Are you pregnant? If yes, will you be able to perform the procedure as mentioned above?**

Yes

No

**What is your height and weight?**

### **3. Tinnitus**

“Tinnitus” refers to noise or sounds in your head or ear/s that do not come from an outside source.

Pulsatile tinnitus is a rhythmical noise which usually pulses at the same rate as the heartbeat.

**Is your tinnitus pulsatile:**

- Yes
- No

**Have you previously accessed the Powys Teaching Health Board Tinnitus Management Service?**

- Yes
- No

**Do you currently have a hearing aid issued by Powys Teaching Health Board?**

- Yes
- No

**What is your full name?**

**What is your date of birth?** e.g. Day (DD) / Month (MM) / Year (YYYY)

**What is your address?**

**What is your email address?**

**What is your contact phone number?**

**Please provide your GP name and address:**

**Do you have any specific/additional requirements for your appointment? (E.g. Wheelchair user, ambulance transport and chaperone required?) Please provide details:**

**Do you require your appointment and correspondence to be carried out in Welsh or an alternative language?**

Yes

No

**If yes, which language?**

**Please return this form to:** Audiology Referrals, Therapies Hub, Montgomery County Infirmary (Newtown Hospital), Llanfair Road, Newtown, Powys, SY16 2DW

Telephone: 0845 840 1234 or 01686 613 200

Email: [therapies.hub.pow@wales.nhs.uk](mailto:therapies.hub.pow@wales.nhs.uk)

Following submission of your referral, you will be contacted to agree an appointment date and time. Please allow several weeks for this.