**Patient Transfer Form + protocol**

**From:** *]*

**To** *[insert name of receiving CI centre]*

**Reason for transfer:**

**Has patient been seen at any other cochlear implant centres? Please give names of centres and dates:**

**Please find attached:**

* Most recent annual review report(s) (*If paediatric or adolescent. This may be a combined report or separate professional reports*)
* Final pre implant assessment report(s) or pre implant summary report
* Most recent mapping / programming summary / speech perception outcome report
* Programming software export – please send nhs.net to nhs.net (or other secure email e.g. gcsx); do not send anonymous export
* Most recent post-operative X-ray (*if possible*)
* The transferring team is responsible to contact the implant company to inform them of the transfer of care to another team

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| **Patient details** |
| **Name** |  | **DOB** |  |
| **Address** |  | **NHS Number** |  |
| **Contact Telephone Number(s)** |  | **Languages spoken / used** |  |
| **Contact email(s)** |  | **Interpreter requirements for parents / carers** |  |
| **Carer(s) names, if appropriate** |  | **Interpreter requirements for patient** |  |
| **GP details** *(if relocating, please state old or new GP)* |  | **Overseas patient? – please provide information regarding entitlement to NHS treatment**  |  |

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| **Implant and otology details** |
|  | **Left** | **Right** |
| **Date of implant surgery** |  |  |
| **Implant make and model** |  |  |
| **Implant serial number** |  |  |
| **Sound processor make and model and configuration** |  |  |
| **Sound processor SN** |  |  |
| **Colour of processor** |  |  |
| **Date of last processor upgrade** |  |  |
| **Additional information e.g. Mapping history / lost processors etc**  |  |  |
| **Any medical complications post implant** |  |  |
| **Other** |  |  |