

Patient Transfer Form

From:

To *[insert name of receiving CI centre]*

Date:

Patient Name:

Reason for transfer:

Previous cochlear implant centres (if applicable):

[Provide names of other centres if patient has also received care elsewhere]

Please find attached:

- Most recent annual review report(s) *[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)*

Patient details			
Name	Test	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	

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		