**Private and Confidential**

**Patient Transfer Form**

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

**From:**

**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*)

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| **Patient details** |
| **Name** | #Client full name# | **DOB** | #Client date of birth# |
| **Address** | #Client address##Client postcode# | **NHS Number** | #Client secondary identification code# |
| **Contact Telephone Number(s)** | #Client home phone##Client mobile phone# | **Languages spoken / used** |  |
| **Contact email(s)** | #Client email# | **Interpreter requirements for parents / carers** |  |
| **Carer(s) names, if appropriate** |  | **Interpreter requirements for patient** |  |
| **GP details** *(if relocating, please state old or new GP)* | #GP doctor full name##GP doctor address##GP doctor postcode# | **Overseas patient? – please provide information regarding entitlement to NHS treatment**  |  |

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| **Implant and otology details** |
|  | **Right** | **Left** |
| **Date of implant surgery** |  |  |
| **Date of switch on** |  |  |
| **Date of last programming**  |  |  |
| **Date of last processor upgrade** |  |  |
| **Implant make and model** |  |  |
| **Implant serial number** |  |  |
| **Sound processor make and model and configuration** |  |  |
| **Sound processor SN** |  |  |
| **Colour of processor** |  |  |
| **Coil / Cable length** |  |  |
| **Magnet Strength** |  |  |
| **Additional information e.g. Mapping history / lost processors etc**  |  |
| **Any medical complications post implant** |  |
| **Aetiology** |  |
| **CAP****SIR****CEP****BKB Quiet****ATT/AST** |  |