



Children's Health Queensland
Hospital and Health Service

(Affix patient identification label here)

Deadly Ears Program Referral

The Deadly Ears Program is an ear and hearing program for Aboriginal and Torres Strait Islander children in Queensland with persistent otitis media (or middle ear disease). The Program's clinical service includes the provision of ENT, nursing, audiology, speech pathology and occupational therapy for children with chronic ear disease and associated hearing difficulties and developmental impacts.

Deadly Ears encourages referrals for Aboriginal and/or Torres Strait Islander children under 16 years* who reside in or in close proximity to a partner community, with a history of middle ear disease and/or hearing loss in line with the Otitis Media Guidelines for Aboriginal and Torres Strait Islander children ([Otitis Media Guidelines](#)).

*New patients under 16 years of age (prior to 16th birthday) or continuing patients under 18 years of age.

CHILD DETAILS

Child's full name:

Age: (0-16 years*) Date of birth: Gender: M F I

Address:

Indigenous status: Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander

School / Kindy / Daycare:

Primary Carer 1 name:

Relationship:

Phone:

Primary Carer 2 name:

Relationship:

Phone:

Is an interpreter required? No Yes If yes, which language:

Location of Deadly Ears clinic:

- Bamaga *Anggamuthi, Atambaya, Wuthathi, Yadaigana and Gudang Country*
- Cherbourg *Wakka Wakka Country*
- Doomadgee *Gangalidda and Waanyi Country*
- Injinoo *Anggamuthi, Atambaya, Wuthathi, Yadaigana and Gudang Country*
- Mornington Island *Gununa*
- Mount Isa *Kalkadoon Country*
- Normanton *Kukatj, Gkuthaarn and Kurtijar Country*
- Palm Island *Bwgcorman*
- Thursday Island *Waiben*
- Woorabinda *Wadja Wadja and Yungulu Country*

REFERRING CLINICIAN DETAILS

Name:

Position:

Profession: Nurse Doctor Health Worker Audiologist Other:

Company / Hospital / AMS:

Department:

Email:

Phone:

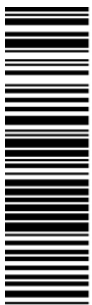
REASON FOR REFERRAL (please select one)

Comments

- Persistent Otitis Media with Effusion (OME)**
Parental report, evidence of, or documented history of OM lasting several months
 Right Left Both

- Chronic Suppurative Otitis Media (CSOM)**
Persistent discharge through a tympanic membrane perforation
 Right Left Both

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Child's full name:

Date of birth:

REASON FOR REFERRAL

Comments

Dry Perforation

Right Left Both

Cholesteatoma

Any suspicion of, or signs of attic retraction or persistent retraction.

Right Left Both

Tympanostomy tube (grommet) otorrhoea

Continuous discharge despite treatment

Right Left Both

Acute Otitis Media (AOM)

Recurrent episodes without or with perforation/discharge

Right Left Both

Hearing loss

Suspected or confirmed hearing loss in the presence of middle ear disease. Please include screening or audiometry results if available.

Right Left Both

ADDITIONAL CONCERNS

Comments

Communication impacts

Listening, understanding, speech, language concerns in the context of ongoing middle ear pathology.

Other developmental impacts

Attention, play, learning, daily routines concerns in the context of ongoing middle ear disease.

Parental concerns

Please document

Other / additional concerns:

ADDITIONAL HEALTH OR GENERAL INFORMATION

Known allergies:

REFERRAL INFORMATION

If you have concerns about a child and they do not meet the intake criteria above or if you are uncertain, please contact us to discuss. Additionally, if you are not a primary health care provider, please ensure that the child is linked in with a primary or child health team to ensure that any medical management or surveillance needs are met.

Phone: (07) 3310 7709 **Email:** DeadlyEars@health.qld.gov.au

QLD HEALTH STAFF ONLY

Submit using EMAIL

Attach completed form as a PDF and email to DeadlyEars@health.qld.gov.au

DO NOT SEND AN OPEN EDITABLE FORM

Please note: one referral per email

ALL SERVICES EXTERNAL TO QLD HEALTH

Submit via Fax

Fax the completed form to (07) 3310 7810

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