



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.

### REFERRAL DATE:

### CHILD DETAILS

Child's full name:

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

Address:

Medicare number: Card reference: Expiry: /

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:

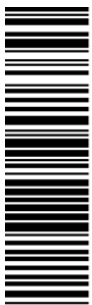
REASON FOR REFERRAL (please select one)

**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

Comments

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## Deadly Ears Program Referral

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](mailto: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](mailto: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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