ENT Referral Guidance:

**Children With Hearing Problems**

Document Control

**Document Attributes**

|  |  |  |
| --- | --- | --- |
|  |  | |
| **Unique Identifier:** | ENT/RG/CWHP/01 | |
| **Classification:** | Referral Guidance | |
| **Author(s):** | CHFT: | Consultant |
| Calderdale CCG: | Clinician |
| Greater Huddersfield CCG: | Clinician |
| **Department:** | CHFT ENT | |
| **Approval Group:** | Elective Care Improvement Group, CSG and LMC | |
|  |  | |
| **Status:** | **DRAFT** | |
| **Version No:** | **0.2** | |
| **Date of Approval:** |  | |
| **Last Review:** |  | |
| **Review Date:** |  | |
|  |  | |
| **Pathway to be followed by:** | Calderdale and Huddersfield NHS Foundation Trust  Greater Huddersfield Clinical Commissioning Group  Calderdale Clinical Commissioning Group | |

**Document Amendment History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author Group** | **Nature of Change** |
| Draft 0.1 | 27.09.21 |  | Initial Document Draft |
| Draft 0.2 | 28.09.21 |  | Content change |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Change Approvals History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date of Issue** | **Name** | **Title** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

