



Provincial Audiology Referral Form

Self Referral Referring Provider Only. (Complete boxes below)

HCN/MCP: Province/Territory: Expiry: Name: DOB: Sex: M F UN Mailing Address: City: Prov: Postal Code: Telephone: (Indicate Preferred) Home Cell Work

Provider's Name: Clinic Name: Mailing Address: City: Province/Territory: Postal Code: Phone: Fax: Signature: Date: Clinic Stamp. (Include Fax, Provider & Mnemonics) Ordering Provider's Meditech Mnemonic: EMR Clinic Mnemonic: COPY TO PROVIDER:

Person to notify / Guardian Name: Telephone Number: Has client been previously seen by ENT Physician Yes No If yes, When was last appointment: Does the client have an upcoming appointment with an ENT Physician Yes No If yes, ENT Name: ENT Appointment Date:

Previous Audiogram or Hearing Screening. (Where/When/Comment):

PRESENTING CONCERNS: (please check/complete all that apply to help up prioritize properly)

Difficulty Hearing Bilateral? Serious safety concern Sudden Hearing Loss Date of Onset Still Present? Ear Infections Wax Buildup Removed? If yes, when Vertigo/Dizziness/Off Balance Date of Onset Still Present? Ear Surgery Date Ear Family History Hearing Loss Who Trauma/Injury to Ears / Noise Exposure Date Ototoxicity Date Exposed Tinnitus/Buzzing/Ringing Constant Bilateral Impacting Life Pertinent Medical History Other

EXAMINATION REQUESTED: Hearing Assessment Auditory Brainstem Response Other, to be specified by ENT Physician:

FOR AUDIOLOGY OFFICE USE ONLY: PRIORITY STATUS: APPOINTMENT DATE: TIME: CRMS Number (Western Only): Date Received: COMMENTS: Date Triaged:





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Province/Territory: _____ Expiry: _____

Name: _____

DOB: ____/____/____ Sex: M F UN

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: (Indicate Preferred) Home _____

Cell (____) - ____ - ____ Work (____) - ____ - ____

Audiology Site: Choose Preferred

<p><u>Eastern Health</u></p> <p><input type="checkbox"/> Janeway/ Health Science Center 300 Prince Phillip Drive St. Johns, NL, A1B 3V6 Telephone: 709-777-7943 Fax: 709-777-7942</p>	<p><u>Central Health</u></p> <p><input type="checkbox"/> James Paton Memorial Hospital 125 Trans-Canada Highway Gander, NL, A1V 1P7 Telephone: 709-256-5458 Fax: 709-256-5780</p> <p><input type="checkbox"/> Central Newfoundland Regional Health Center 3rd Floor, West Block 50 Union Street Grand Falls, NL, A2A 2E1 Telephone: 709-292-2169 Fax: 709-292-2355</p>
<p><u>Western Health</u></p> <p><input type="checkbox"/> Western Memorial Regional Hospital P.O. Box 2005 Corner Brook, NL, A2H 6J7 Telephone: 709-784-5374 / 709-784-6155 Fax: 709-637-5381</p> <p><input type="checkbox"/> Stephenville. (Includes Port Aux Basques Clinic) 127 Montana Drive, Stephenville, NL, A2N 2T4 Telephone: 709-643-8690 Fax: 709-643-3944</p>	<p><u>Labrador Grenfell Health</u></p> <p><input type="checkbox"/> Labrador West Health Centre 1700 Nichols-Adam Highway Labrador City, NL, A2V 0B2 Telephone: 709-285-8345 Fax: 709-944-3848</p> <p><input type="checkbox"/> Happy Valley Goose Bay Audiology Department Labrador Health Centre P.O. Box 7000, Stn C Happy Valley Goose Bay, NL, A0P 1C0 Telephone: 709-897-2000 Fax: 709-897-2142</p> <p><input type="checkbox"/> Charles S Curtis Memorial Hospital 178-200 West Street St. Anthony, NL, A0K 4S0 Telephone: 709-454-0137 Fax: 709-454-2475</p>

