Interlake–Eastern
Regional Health Authority

Audiology Department
Beausejour Primary Health Care Centre
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Selkirk District & General Hospital
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AUDIOLOGY REFERRAL

REQUIRED INFORMATION

REFERRAL DATE _____

MALE ❑
FEMALE ❑

LAST NAME _____

FIRST NAME _____

BIRTH DATE D M Y _____

ADDRESS _____

CITY _____ **PC**

PARENTS _____

HOME PHONE _____ **CELL**

WORK PHONE _____

MHSC# _____ **PHIN#**

ADDITIONAL INFORMATION IF APPLICABLE

PHYSICIAN _____

SCHOOL _____

Referral Source _____

Address _____

_____

PC _____

Phone _____ **Fax**

Has this client been seen at THIS CLINIC before? ❑ Yes ❑ No Date _____

SERVICES FOR CHILDREN

RISK FACTORS FOR PERMANENT CONGENITAL, DELAYED ONSET/PROGRESSIVE HEARING LOSS

- ❑ Parental concerns
- ❑ Family history of childhood hearing loss
- ❑ NICU >5 days
- ❑ ECMO or IPPV for any length of time
- ❑ Ototoxic medications above therapeutic levels
- ❑ Jaundice requiring exchange transfusion
- ❑ TORCHS
- ❑ Craniofacial abnormalities
- ❑ Chemotherapy
- ❑ Syndrome associated with hearing loss _____
- ❑ Neurodegenerative disorder _____
- ❑ Postnatal infections such as bacterial/viral meningitis
- ❑ Head trauma – skull fracture, birth asphyxia or brain hemorrhage

CHECK OTHER CONCERNS:

- ❑ Hearing Loss Questioned
- ❑ Unable to follow simple directions
- ❑ No response to loud sounds
- ❑ Developmental Delay
- ❑ Autistic or PDD Features

CHILD HAS BEEN REFERRED FOR SPEECH ❑

- ❑ No speech
- ❑ Speech or Language Delay
- ❑ Failed School screening
- ❑ Visual Impairment

COMMENTS: _____

_____

_____

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_____

SERVICES FOR ADULTS

REASONS FOR REFERRAL: (Check all that apply)

- ❑ Sudden Onset Hearing Loss
  Date _____
- ❑ Unilateral Hearing Loss
- ❑ Rule out retrocochlear pathology
- ❑ Head or ear trauma
- ❑ Pre-operative assessment
  Date _____
  Surgery Type _____
- ❑ Post-operative assessment
  Date _____
  Surgery Type _____
- ❑ Hearing loss questioned
- ❑ Tinnitus: ❑ Unilateral ❑ Bilateral
- ❑ Vestibular concerns
- ❑ History of noise exposure
- ❑ Family history of hearing loss
- ❑ To initiate a WCB or VAC (DVA) claim
- ❑ Audiogram required for a medical

Date referral received by audiology:	Date receipt of referral confirmation sent to client:

REVISED November 2013