



Beausejour Audiology

Primary Health Care Centre

Ph: (204) 268-7465 Fax: (204) 268-2153

Selkirk Audiology

100 Easton Drive, Selkirk, MB

Ph: (204) 785-7403 Fax: (204) 785-7484

AUDIOLOGY REFERRAL

Referral Source _____

Address _____

PC _____

Phone _____ Fax _____

REFERRAL DATE _____

LAST NAME _____ MALE
FEMALE

FIRST NAME _____

BIRTH DATE D M Y _____

ADDRESS _____

CITY _____ PC _____

PARENTS _____

HOME PHONE _____ CELL _____

WORK PHONE _____

MHSC# _____ PHIN# _____

ADDITIONAL INFORMATION IF APPLICABLE _____

PHYSICIAN _____

SCHOOL _____

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

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
- Other:

COMMENTS: _____

Date referral received by audiology:

Date receipt of referral confirmation sent to client: