



## VICTORIA HOSPITAL AUDIOLOGY

Telephone: 519-685-8458 / Fax: 519-685-8077

DATE OF REQUEST:	
PATIENT NAME:	D.O.B.: (YYYY/MM/DD)
HEALTH CARD NUMBER:	PHONE:
ADDRESS	
INTERPRETER REQUIRED:	LANGUAGE REQUIRED:
<b>REFERRING PHYSICIAN:</b>	
	INDICATE REFERRING SERVICE: (eg. Family Medicine, Paediatric Neurology, Developmental Follow-Up Clinic...)  * REQUIRED INFORMATION
<b>PREVIOUS AUDIOGRAMS:</b>	
PREVIOUS AUDIOGRAMS DONE AT LHSC?:	<input type="checkbox"/> YES <input type="checkbox"/> NO
*FAX PREVIOUS AUDIO RESULTS WITH REFERRAL*	
<b>REASON FOR REFERRAL:</b>	
<input type="checkbox"/> STANDARD HEARING ASSESSMENT	
<b>AUDITORY BRAINSTEM RESPONSE (ABR)</b>  <input type="checkbox"/> Sedated Hearing Threshold Assessment — Paediatric ONLY - Provide previous audiograms and Infant Hearing Program Results - Request to be reviewed by Audiology  <input type="checkbox"/> Neurological Assessment	
<p><b>**An appointment has been arranged with Audiology for _____ @ _____ AM/PM.</b></p> <p><b>Report to 3rd Floor (15 minutes prior) - Room B3-400. Park in Parking Garage P8</b></p> <p><b><u>PLEASE INFORM YOUR PATIENT OF THIS SCHEDULED APPOINTMENT</u></b></p> <p>Division of Audiology Telephone (519) 685-8458 Victoria Hospital, Room B3-400, 800 Commissioners Rd East, London, Ontario, Canada, N6A 5W9</p>	