



UNIVERSITY HOSPITAL AUDIOLOGY

Telephone: 519-663-3641 / Fax: 519-663-3916

DATE:	D.O.B.: (YYYY/MM/DD)
PATIENT NAME:	
ADDRESS/PHONE#	
HEALTH CARD #:	VERSION CODE:
INTERPRETER REQUIRED:	LANGUAGE REQUIRED:

REFERRING DOCTOR:

PRINT NAME

SIGNATURE

REFERRING DOCTOR FAX #

Please send a current audiogram (less than 6 months old) with the referral or request an audiogram.

Previous Audio at LHSC? _____

PROCEDURES REQUESTED (PLEASE CIRCLE ALL REQUIRED)

The 4 tests stated below require a referral from an ENT specialist or Neurologist.

- Vestibular Evoked Myogenic Potential Testing (VEMP)
- Video-Nystagmography with caloric testing (VNG)
- Auditory Brainstem Response Testing (ABR) / (BAER)
- Electrocochleography (ECoG)

- Please add Audiogram to the tests requested above