

Audiology
161 St. Peter's Road
PO Box 2000
Charlottetown, PE C1A 7N8
T: 902-368-5807 / F:902-620-3195

Audiologie
161, chemin St. Peter's
C.P. 2000, Charlottetown
Île-du-Prince-Édouard, C1A 7N8
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Adult Audiology Referral

| | | |
|--|---|--|
| Name: | Date of Birth: (D/M/Y) | Personal Health Number (Provincial Health Card): |
| Home Telephone: | | Work Telephone: |
| Cell Telephone: | | Please <u>circle</u> the number we could reach you during the day. |
| Address: | | Email: |
| Can we contact you by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Emergency Contact: | | |
| Reason for Referral: | | |
| <input type="checkbox"/> Sudden onset hearing loss | <input type="checkbox"/> Unilateral hearing loss | <input type="checkbox"/> Head or ear trauma |
| <input type="checkbox"/> Rule out retrocochlear pathology | <input type="checkbox"/> Ototoxic medications/monitoring | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Pre-operative assessment | <input type="checkbox"/> Post-operative assessment | <input type="checkbox"/> Hearing aid concerns |
| <input type="checkbox"/> At risk due to noise exposure | <input type="checkbox"/> To initiate a WCB or VAC (DVA) claim | |
| <input type="checkbox"/> Hearing loss questioned | <input type="checkbox"/> Noise exposure | <input type="checkbox"/> Other: |
| Relevant Medical Information: | | |
| Other Services Involved: | | |
| Referred By: | Telephone: | Fax: |
| Address of Referral Source: | | Date: |

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