

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

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 Île-du-Prince-Édouard, C1A 7N8
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Paediatric 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	
Name of Parent/Guardian/Contact:		Email:	
		May we contact you by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
Reason for Referral:			
<input type="checkbox"/> Speech delay <input type="checkbox"/> Frequent ear infections <input type="checkbox"/> Family history of hearing loss <input type="checkbox"/> Failed hearing screening <input type="checkbox"/> Academic/learning difficulties "			
<input type="checkbox"/> Shows behavior suggesting hearing loss as follows, please <u>circle</u> all that apply: * does not react to loud sounds * does not react to voices * may start to babble but soon stops * babbling does not develop into understandable speech * focuses on your mouth as you speak * unable to detect where a sound is coming from * babbling does not develop into clear speech * does not follow commands or misunderstands directions * frequently requests that you repeat what you have said * Other:			
Relevant Medical Information:			
Other Services Involved:			
Has Client/Guardian been informed of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred By:	Telephone:	Fax:	
Address of Referral Source:		Date:	

Personal information on this form is collected under section 31 _c_ of Prince Edward Island's *Freedom of Information and Protection of Privacy Act*, as it relates directly to and is necessary for the operations and delivery of the program. If you have any questions about this collection of personal information, you may contact the Health PEI FOIPP Coordinator by telephone (902) 368-4942.