



Interlake-Eastern
Regional Health Authority

Audiology Department
Beausejour Primary Health Care Centre
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AUDIOLOGY REFERRAL

Referral Source _____

Address _____

PC _____

Phone _____ Fax _____

REQUIRED INFORMATION

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
- To initiate a WCB or VAC (DVA) claim
- Audiogram required for a medical

COMMENTS: _____

Date referral received by audiology: _____ Date receipt of referral confirmation sent to client: _____