REQUEST FOR PATIENT REFERRAL



PATIENT INFORMATION

NAME (FIRST, LAST)	DATE OF BIRTH (DD/MM/YY) □ Male □ Female
CONTACT NUMBER	
REFERRING PHYSICIAN'S NAME	PHONE NUMBER
APPOINTMENT REQUEST (PLEASE AT	TTACH ALL RELEVANT RESULTS, REPORTS AND
AUDIOLOGICAL ASSESSMENT	BALANCE ASSESSMENT
☐ AUDIOMETRY (Children & Adults)	☐ POSITIONAL TESTING with VNG
☐ TYMPANOMETRY	☐ ROTARY CHAIR STUDY
☐ ACOUSTIC REFLEX THRESHOLDS	☐ SUBJECTIVE VERTICAL TEST
☐ AUDITORY BRAINSTEM RESPONSE (ABR)	☐ VIDEO HEAD IMPULSE TEST (LATERAL/RALP/LARP)
☐ OTOACOUSTIC EMISSIONS TESTING (OAE)	☐ CALORIC TESTING (AIR/ WATER)
☐ AUDITORY STEADY STATE RESPONSE (ASSR)	☐ VIDEO NYSTAGMOGRAPHY/OCCULOGRAPHY
☐ SPEECH AUDIOMETRY	☐ VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP)
☐ EUSTACHIAN TUBE FUNCTION TEST	☐ ELECTROCOCHLEOGRAPHY (ECOCHG)
☐ AUDITORY PROCESSING ASSESSMENT	☐ DYNAMIC VISUAL ACUITY TEST
☐ HEARING AID ASSESSMENT AND FITTING	☐ COMPUTERIZED DYNAMIC POSTUROGRAPHY
☐ TINNITUS ASSESSMENT ☐ VISUAL REINFORCEMENT AUDIOMETRY (VROA)	☐ COMPUTERIZED STATIC POSTUROGRAPHY
☐ SPECIAL TESTS FOR RETRO COCHLEAR PATHOLOGY	☐ COMPUTERIZED POSTUROGRAPHY AS PART OF REHABILITATION
	OTHERS EAR IMPRESSION/SWIM PLUG/ NOISE PLUG
EASON FOR REFERRAL	•
SIGNATURE OF PHYSICIAN	DATE OF REFERRAL

Advance Hearing & Balance Center
Affiliated with the University of Toronto Hearing and Balance Center
Member of the Mohammed Bin Rashid Establishment for SME Development