

Patient Details:

Name: _____

Date of birth: _____

Phone: _____

Services Requested:

- Audiological assessment (air and bone conduction, speech discrimination, impedance, oto-acoustic emissions)
- Hearing aid consultation
- Custom ear plugs (swim, noise, music)
- Other (please provide details in notes section)

Additional Information:

- Patient at risk of hearing loss due to ototoxic medication or medical intervention
- Patient at risk of noise induced hearing loss
- Other:

Referring Doctor Details:

Name: _____

Provider Number: _____

Clinic: _____

Signature: _____

Date: _____