AUDIOLOGY REFERRAL FORM – Children aged 5 and under

Please complete all sections of this form and fax to 613-738-4222.

Section 1: Patient demographics	Date of Referral (dd/mm/yyyy): _____	
Last Name	**First Name**	**Date of Birth** day/month/year
Full address _____ Unit # / civic # street	City Province Postal code	**Health Card number**
Phone numbers & E-mail Primary_____ Secondary_____ E-mail_____	**Language** ☐ English ☐ French ☐ Other *If choosing other, you are implying family will need interpretation services in:	**Gender assigned at birth** ☐ Female ☐ Male

Section 2: Reason for Referral (please check all relevant boxes)

- ☐ Meningitis ☐ Cytomegalovirus
- ☐ Middle ear problems; history of recurrent otitis media **AND** concerns for longstanding hearing problems
- ☐ Pre/post-surgery hearing test
- ☐ Ear and/or head trauma. Please specify in **comments** below.
- ☐ Suspected hearing loss, NOT related to middle ear fluid/infection. Please describe below in **comments**.
- ☐ Sudden onset hearing loss. Please describe in **comments** below.
- ☐ Speech/language concerns (if child passed their hearing screening, **ONLY** refer if there are concerns for HEARING)
- ☐ ASD, developmental concern, cognitive impairment (If child passed their hearing screening, **ONLY** refer if there are concerns for HEARING)
- ☐ Parental or school concern re: hearing difficulties. Please specify in **comments** below.
- ☐ Hearing aid selection, fitting or evaluation. Does child wear hearing aid(s) or other hearing devices? ☐Yes ☐ No

We do not offer screenings at CHEO;

→Ontario Resident: Child can be screened by Infant Hearing Program before 2 months of age. Please call IHP at 613-688-3979 x 3453.

→ Quebec Resident: Family can contact the Québec Screening Program at 819-966-6100 x333350

Comments/Details:

PLEASE PRINT. *Fax completed form to 613-738-4222*

Section 3: Referral Source		
☐ Doctor ☐ ENT ☐ Nurse Practitioner ☐ Speech-Language Pathologist ☐ Audiologist		
Name Last name First name	Phone Number	Fax Number
Address Suite building number Street name City Province Postal code		
Provider billing #	Signature	

***** CHEO Audiology may also see school-aged children 6 years to 17 years who have a significant developmental delay and cannot complete conventional testing in a community audiology clinic. *****

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