Alberta Health Services

Affix patient label within this box

Audiology Service Consultation Request

☐ Glenrose Rehabilitation Hospital
Phone 780.735.7945
Fax 780.735.6031

☐ University of Alberta and Stollery Children's Hospitals
Phone 780.407.8859
Fax 780.407.6586

All information must be completed and legible or the referral will be returned. *(please print)*
Patient will be contacted by phone to arrange an appointment. Please include a phone number where the patient and/or the guardian can be reached during the day.

Patient Information

First name	Last name	PHN
Address		Postal Code
Date of birth *(yyyy-Mon-dd)*	Date of referral *(yyyy-Mon-dd)*	
Parents		Guardian *(if applicable)*

Home phone	Work phone	Cell phone	Email

Interpreter Required? ☐ Yes ☐ No Language _____

Request Type

☐ Audiology Assessment
☐ Adult ABR
☐ Pediatric *(under 6 mos.)* Unsedated ABR
☐ Sedated ABR *(over 6 mos.)* (UAH/Stollery only)
☐ Vestibular Assessment (GRH only)
(equipment weight limit 300 lbs.)
☐ Cochlear Implant Assessment (GRH only)
(audiogram required)

Department Use Only

Tentative diagnosis/reason for referral

Medical/Audiological history *(please include all relevant information including previous hearing tests)*

Physician name *(print)*	Signature	Phone
Address	Practitioner ULI number *(required)*	Fax