Saskatchewan Health Authority

**Hearing Health Services**
Royal University Hospital
Room 25 Ground Floor Ellis Hall
103 Hospital Drive
Saskatoon, SK. S7N 0W8

Tel: 306-655-1320
Fax: 306-655-1316

## HEARING HEALTH SERVICES – REFERRAL FORM

## FAX TO 306-655-1316

**Relevant History is required to ensure your patient is scheduled correctly.**
**Incomplete Referral Forms will not be accepted.**

**SUDDEN ONSET SENSORINEURAL HEARING LOSS MAY BE CONSIDERED A MEDICAL EMERGENCY THAT REQUIRES URGENT ENT ATTENTION**

**Name:** _____

**HSN:** _____ **DOB:** _____

**Address:** _____

**City/Town:** _____ **Postal Code:** _____

**Phone:** _____ **NOK:** _____

**Referring Provider:** _____

☐ **Infant Objective Audiological Screen** (For infants who missed initial hearing screen at birth or recommended rescreen (<6 months Corrected Gestational Age {CGA})

☐ **Pediatric Audiological Assessment** (6 months CGA to 18 years)
☐If medically complex and/or significantly developmentally challenged – PLEASE INCLUDE MEDICAL HISTORY

☐ **Bone Conduction Hearing Device Evaluation and Intervention Services** (all ages)

☐ **Cochlear Implant Evaluation and Intervention Services** (all ages)

☐ **Inpatient Audiological Evaluation** (all ages). Unable to accept patients on isolation.

☐ **Ototoxicity Monitoring**

**ADULT REFERRALS (Referrals only accepted from Specialists):**
☐ AUDIO/ABR/EMISSIONS ☐AUDIO/VNG ☐ AUDIO/VEMP ☐AUDIO

****Weight Capacity of VNG Bed is 136kg/300pounds****

Reason for Referral: _____

_____

_____

_____

☐ TRANSLATION SERVICES REQUIRED (please specify language spoken) _____
☐ WHEEL CHAIR ACCESSABILITY REQUIRED

* Please note that we are a multi-clinic site and this appointment may be booked at RUH, SCH, or Sturdy Stone Centre