



Hearing and Balance Centre

Request for
Consultation

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		APARTMENT No.
CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE ()		OTHER TELEPHONE ()
EMAIL ADDRESS:		
DATE OF BIRTH (DD/MM/YYYY)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HEALTH CARD No.		VERSION CODE
REFERRING PHYSICIAN		

HEARING / BALANCE77 QUEENSWAY WEST
SUITE 101, MISSISSAUGA
ONTARIO L5B 1B7

TEL: 905-273-3233

FAX: 905-273-3303

Email: mhbccentre@yahoo.com

www.hearingandbalancecentre.com

APPOINTMENT DATE _____ TIME _____

Referral Date _____ Language Spoken _____

DIAGNOSIS / REASON FOR REFERRAL:

- Audiology Vestibular Testing ENT

 PROCEDURES REQUESTED

(Battery of tests may vary according to the age and primary concern)

- | | |
|--|---|
| <input type="checkbox"/> Hearing Test | <input type="checkbox"/> Tinnitus Management* |
| <input type="checkbox"/> Pediatric Hearing Test (<5 yrs) ^①
Audio/Sound Field/Impedance/Screening OAE | <input type="checkbox"/> ABR (Auditory Brain Stem Response)
<small>site of lesion/thresholds</small> |
| <input type="checkbox"/> OAE (Otoacoustic Emissions) | <input type="checkbox"/> (CAP) Central Auditory Processing
Testing* |
| <input type="checkbox"/> Cerumen Removal* | <input type="checkbox"/> HAE (Hearing Aid Evaluation)* |
| <input type="checkbox"/> Tinnitus Assessment (Audio/ABR/VEMP) | <input type="checkbox"/> HAC (Hearing Aid Check)* |

*Charge applies

DIZZY TEST BATTERY

Tier 1:

- Advanced Diagnostic Hearing Tests
(includes ABR & EcochG)
- EcochG (Electrocochleography)
Meniere's Disease/Labyrinthine Hydrops^①
- ENG (Electronystagmography)
Eardrums intact? yes no (air)
- VAT (Vestibular Autorotation Test)
- VEMP (Cervical & Ocular Vestibular
Evoked Myogenic Potentials)

Tier 2:

- Rotary Chair Test
- vHIT (Video Head Impulse Test)
- CDP (Computerized Dynamic
Posturography)

Functional Assessment / Rehab:

- DVA (Dynamic Visual Activity Test)
- VRT (Vestibular Rehab Therapy)*

① SPECIAL INSTRUCTIONS

- ◆ VNG/ENG & Rotary Chair Test: Please see reverse for instructions
- ◆ Pediatric Testing: An adult is required to accompany children under 5 years of age into the testing room and any other young children are not to be left unattended.
- ◆ Location: Please see reverse for details.
- ◆ Patients arriving late or without a valid health card may be rescheduled.
- ◆ Kindly give at least 24 hours notice for cancellations.