Thornhill



Hearing and Balance Centre

REQUEST FOR CONSULTATION

THORNHILL HEARING AND BALANCE CENTRE 7117 Bathurst St., Suite 101 Thornhill ON L4J 2J6

Tel: 905-597-6222

Fax: 905-597-4622 Email: thbcentre@gmail.com www.hearingandbalancecentre.com

APPOINTMENT DATE

□ Dizzy Test Battery Available

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		APARTMENT No.
CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE	OTHER TELE	PHONE
()	()	
EMAIL ADDRESS:		
DATE OF BIRTH (DD/MN	M/YYYY) SE	X
	☐ MALE	FEMALE
HEALTH CARD No.		VERSION CODE
	-	
REFERRING PHYSICIAN		

			-
LANGUAGE SPOKEN:			
DIAGNOSIS / REASON FO	R REFERRAL:		_
☐ Vestibular (testing only)	☐ Audiology Services	☐ ENT Appointment	
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☑ PROCEDURES REQUESTED (Battery of tests may vary according to the age and primary concern)

(includes ABR & Hearing Test)	
□ EcochG (Electrocochleography)	
Meniere's Disease/Labrynthine hydrops	
□ ENG (Electronystagmography)	
Eardrums intact? ☐ yes ☐ no (air)	
□ vHIT (Video Head Impulse Test)	
☐ VAT (Vestibular Autorotation Test)	
□ VEMP (Cervical/Ocular Vestibular	
Evoked Myogenic Potentials)	
☐ VRT (Vestibular Rehabilitation	

Therapy)* (if warranted from test results)

□ Advanced Diagnostic Hearing Tests

ENG/VNG Test

☐ Positional Test & Repositioning Maneuver (if warranted)

- ☐ Hearing Test
- ☐ Pediatric Hearing Test (<5 yrs) Audio/Sound Field/Impedence/Screening OAE 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.

TIME

- □ Cerumen Removal*
- ☐ Tinnitus Assessment (HT/ABR/VEMP)
- □ Tinnitus Management*
- ☐ ABR (Auditory BrainStem Response) site of lesion/thresholds
- ☐ HAE (Hearing Aid Evaluation)*
- ☐ HAC (Hearing Aid Check)*
 - *Charge applies
- See reverse for location.
- · Kindly give at least 48 hours notice for cancellations or fees may apply.
- · Patients arriving late or without a valid health card may be rescheduled.
- · Please note this office is a scent free zone.

Please see reverse for instructions.