Referral Form



Connect Hearing is pleased to offer complimentary Hearing Assessments for all of your patients over the age of 18.

| Patient Details: | | | |
|-------------------------------------------------|------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------|
| First Name: | | Last Name: | |
| Date of Birth: | | Phone Number: | |
| Complimentary Services: Special | | zed Services: | |
| | Hearing Assessment (Full hearing evaluation - hearing loss or medical concerns) | | Tinnitus Assessment & Counselling* |
| | Hearing Screening (Baseline screening - under 55 or normal hearing suspected) | | Occupational Hearing Test* (Hearing test for employment or licensing) |
| | Hearing Aid Consultation | | *Fees apply |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| Referring Physician or Healthcare Professional: | | | |
| Name: | | | |
| Referral Date: | | | Check this box if more referral forms are needed at your office. |

Please call <u>1.888.242.4982</u> or fax this form to <u>778.698.4573</u>.

Appointments can also be booked online at <u>connecthearing.ca</u>. If your patient books online, please have them bring this form to their appointment.