



PRAIRIE MOUNTAIN HEALTH

Audiology Services
Brandon

Therapy Services
Unit A5-800 Rosser Ave.
Brandon MB, R7A 6N5

Phone: 204-578-2390 | Fax: 204-578-2823

FAX MEMO

DATE: 5/20/2022 11:48:52 AM

TO: Turtle Mountain SD

FAX NO. 1-204-523-7269

FROM: Lisa - Audiology Assistant

NO. OF PAGES (including this sheet): 2

MESSAGE:

***Please note Brandon Audiology now has a new
fax number 1-204-629-3465***

Newly revised referral form is included

Please email me at lgrantham@pmh-mb.ca
if you would like a copy of the fillable form emailed to you.

Thanks
Lisa Grantham-Audiology Assistant

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<input type="checkbox"/> Brandon	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Swan River
Ph: 204-578-2390	Ph: 204-622-6221	Ph: 204-734-6631
Fax: 204-629-3465	Fax: 204-629-3430	Fax: 204-629-3430

Client: _____

 DOB (yyyy/mm/dd): _____
 HIRN / MHSIC: _____
 PHIN #: _____
 Addressograph/Place Label Here

REFERRAL FOR AUDIOLOGY SERVICES

Use with PPG-01000

Adult Child Urgent Interpreter Required Referral Source: _____

Has this person had a previous test? Yes No Where? _____

ENT referral made? Yes No Who? _____

Pre-operative assessment Post-operative assessment
 Date: _____
 Surgery Type: _____

ADULT – REASONS FOR REFERRAL: (check all that apply)

- Sudden onset hearing loss – Date: _____
- Severe/sudden vertigo or dizziness/nausea – Date: _____
- Tinnitus Unilateral Bilateral
- Unilateral hearing loss Bilateral hearing loss
- Head/neck injury or ear trauma Tympanic perforation or ear drainage
- Rule out retrocochlear pathology Ototoxic medications/monitoring
- Noise induced hearing loss Initiate a WCB or VAC (DVA) claim
- Audiogram required for a medical Hearing aid candidacy/noise induced hearing loss
- 2nd opinion Employment and Income Assistance/Special Needs

CHILD – REASONS FOR REFERRAL: (check all that apply)

- Sudden onset hearing loss – Date: _____
- Severe/sudden vertigo or dizziness/nausea – Date: _____
- Head/neck injury or ear trauma Tympanic perforation or ear drainage
- Chronic middle ear issues Genetic syndrome associated with hearing loss
- Meningitis/viral infection Developmental delay/referred for Assessment
- Speech or language delay No speech
- Unable to follow simple directions No response to loud sounds
- Ototoxic Monitoring Referred from School Hearing Screening
- 2nd opinion

COMMENTS:

Referral Source Signature: _____ Phone: _____ Date: _____

AUDIOLOGY REFERRAL PROCESS:

1. Please fax referral to the appropriate Audiology Department.
2. Urgent referrals are distributed immediately. Less urgent referrals are placed on a wait list.
3. Clients are notified by telephone or mail when it is time to schedule their appointment. Referrals are taken off the wait list in order of priority and date referred.