



Speech & Hearing Department

HEARING REFERRAL

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

TO THE EXAMINING PHYSICIAN:

This child is referred to you on the basis of the attached audiogram. Your answer to the questions below will assist us in planning for this child. Sincerely,

Speech, Language & Hearing Clinician

PHYSICIAN'S REPORT

Degree of Hearing Loss: PLEASE ATTACH A COPY OF YOUR TEST RESULTS.

Type of test administered: \_\_\_\_\_

Diagnosis:

- 1. Is this loss: Temporary  Progressive  Permanent
- 2. Is this loss: Sensori neural  Conductive  Mixed
- 3. Should the child remain under medical care: Yes  No
- 4. Is it expected that medical care will reduce the loss? Yes  No
- 5. Will the child profit from a hearing aid or is further audiological evaluation advisable?
- 6. Does this child have an abnormality in the following areas which may contribute to his hearing problem and/or limit the amount and kind of training he should receive?

Nose \_\_\_\_\_ Adenoids \_\_\_\_\_

Nasopharynx \_\_\_\_\_ External Ear \_\_\_\_\_

Central Nervous System \_\_\_\_\_ Tympanic Membranes \_\_\_\_\_

Allergies \_\_\_\_\_ Middle Ear \_\_\_\_\_

Sinus \_\_\_\_\_ Cochlea \_\_\_\_\_

Tonsils \_\_\_\_\_

Further comments and recommendations (or treatment given)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Examined \_\_\_\_\_