



REQUEST FOR AUDIOLOGICAL SERVICES

PREFERRED CLINIC LOCATION

☐ Surrey – 102-8644 120th St., Surrey, BC V3W 3N6
T: 236-484-6983 F: 236-484-6939 E: info@sonaris.ca

☐ Burnaby – 306-5050 Kingsway, Burnaby, BC V5H 4C2
T: 236-484-6983 F: 236-484-7063 E: burnaby@sonaris.ca

☐ Vancouver – 1011 Station St., Vancouver, BC V6A 2W1
T: 236-484-6983 F: 236-484-7063 E: vancouver@sonaris.ca

PEDIATRIC (0-19 Year) ☐		ADULT (Over 19 Years) ☐	
Referral Date:		Personal Health Number	
Name		Date of Birth:	Sex ☐ Male ☐ Female
Address		Postal Code	
Parent/Guardian (If Applicable)			
Home Phone		Cell Phone	Work Phone
Family Physician's Name			

CHECK ALL THAT APPLY	SPECIALIZED TEST/PROCEDURES
☐ Hearing Concern ☐ Speech Concern (Rule out hearing loss) ☐ Ear Trauma ☐ Pre/Post Surgery Audiogram ☐ Swim Molds/Hearing Protection ☐ Dizziness/Vertigo ☐ Tinnitus (Ringing in the ears) ☐ Behavior (e.g. aggression, tantrums, impulsiveness, difficulty with social skills) ☐ Other, specify:	☐ (Central) Auditory Processing Evaluation ☐ Balance Function Assessment ☐ Cerumen Management (Patient must be at least 4 years old.) ☐ Hearing Aid Evaluation/Fitting ☐ Tinnitus Assessment

REFERRAL SOURCE	☐ Family Doctor	☐ ENT	☐ Pediatrician	☐ Parent/Guardian
	☐ Public Health Nurse	☐ Speech-Language Pathologist	☐ School/Teacher	☐ Other, Specify
Name		Phone	Fax	
Address			Postal Code	
SIGNATURE				

OFFICE USE ONLY				
Passed NBHS ☐ Yes; ☐ Yes, with R/F () ☐ No; ☐ Declined; ☐ No Record				
Appointments ☐ PRIORITY	☐ Hearing Test; 30min/45min Assist ☐ Y ☐ N		☐ Hearing Aid Evaluation/Fitting; Length 60min / 90 min / 120 min Assist ☐ Y ☐ N	
	☐ VNG (60 min) ☐ Caloric (60 min) ☐ VEMP (60 min) ☐ VHIT (60 min)		☐ APD (120 min) ☐ Tinnitus (120 min)	