



StopFalls CANADA

Balance and Hearing Clinic

180 Dundas St, West, Suite 2003

Toronto, ON, M5G 1Z8

Tel: 647 361 8182

Fax: 647 361 8189

www.stopfallsclinic.ca

Email: stopfallsdt@gmail.com

REQUEST FOR CONSULTATION

- ENT Consultation
- Audiology Consultation

**** Please add a brief past medical history of your patient to the referral.**

Last Name:	First Name:
DOB (dd/mm/yyyy):	Sex:
Address:	
City:	Postal Code:
Telephone:	
Health Card Number:	
Referring Physician:	
Diagnosis/ Reason for referral:	

Appointment Date:

Time:

✓ PROCEDURES REQUESTED

(Battery of tests may vary based upon to the age and primary concerns)

<ul style="list-style-type: none"> <input type="checkbox"/> Hearing Test (>5 years) <input type="checkbox"/> ABR (Auditory Brainstem Response) <input type="checkbox"/> Tinnitus Assessment <i>(Audio/ABR/VEMP)</i> <input type="checkbox"/> Tinnitus Management <input type="checkbox"/> Hearing Aid Evaluation* <input type="checkbox"/> Hearing Aid Check* <i>*Charge applies</i> 	<p style="text-align: center;"><u>Dizzy Test Battery</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Advanced Diagnostic Hearing Tests <i>(Audiometry/Impedance/ABR)</i> <input type="checkbox"/> ECochG (ElectroCocheloGraphy) <i>(Meniere's Disease/Endolymphatic Hydrops)</i> <input type="checkbox"/> cVEMP <i>(Cervical Vestibular Evoked Myogenic Potentials)</i> <input type="checkbox"/> oVEMP <i>(Ocular Vestibular Evoked Myogenic Potentials)</i> <input type="checkbox"/> VNG (Video Nystagmography) <input type="checkbox"/> Particle Repositioning Maneuver <i>(for BPPV)</i>
---	--

Special Instructions

Instruction for VNG: Please see reverse for details

Please check-in at least 15 minutes early to the appointment to complete paperwork.

