



Boston E Bridgewater Stoneham

Audiology Service 617-573-3266 508-350-2800 781-279-0943
Hearing Aid Service 617-573-4047
AER Service 617-573-3286
Fax 617-573-3023 508-350-2809 617-573-5644

Date []

MRN/Unit# []

Patient Name []

D.O.B. []

Physician Request for Audiological Services

AUDIOLOGIC EVALUATION

- Consultation/Full Audiogram Functional Screening
Tympanometry Water Precaution Earmolds
Tympanometry & Acoustic Reflexes
OTHER:

REASONS FOR TEST/SYMPTOMS*

*MUST BE INDICATED BY RANK ORDERING

- Asymmetric hearing loss
Balance Disturbance
Blockage/Aural Fullness
Chronic Hearing Loss
Decreased Hearing
Facial Weakness/Paralysis
Impacted Cerumen
Inflammation of the ear
Meniere's disease
Neurological Evaluation
Nystagmus
Otagia
Otitis Media
Otorrhea
Perforated Tympanic Membrane
Speech/Language Delay
Sudden hearing loss
Symptoms associated with ototoxic drugs
Tinnitus
Vertigo
OTHER: rank and enter reason/symptom below

ELECTROPHYSIOLOGIC EVALUATION

- Vestibular evoked myogenic potentials* (VEMP)
Diagnostic evoked response audiometry* (ABR)
Electrocochleography* (ECoG)
Threshold evoked response audiometry
Evoked otoacoustic emissions (OAE)
Facial nerve evaluation/Electroneurography (ENoG)
OTHER:

HEARING AIDS/COCHLEAR IMPLANTS/REHABILITATION

- Hearing aid check Cochlear Implant Consultation*
Hearing aid consultation* Aural rehabilitation
OTHER:

* If recent audiogram is not available, a hearing test will be performed

STATUS (where applicable)

- Monitoring Pre-op Post-op
Medico-legal considerations

Known Diagnoses []

Otologic Examination []

Physician Signature []

Date []

MEDICAL CLEARANCE FOR A HEARING AID: The above named patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing aid. This does not constitute a recommendation for a hearing aid, only that there are not medical contraindications to hearing aid use.

Physician Signature []

Date []