Interior Health

REQUEST FOR HEARING SERVICES

Audiology Referral

☐ Birth to 19 years of age ☐ Adult with Special Needs

Client's Last Name	Client's First Name ☐ Male ☐ Female
Birth date *(dd/mm/yyyy)* Born in BC ☐ Y ☐ N	BC Service Card Number
Date of Referral *(dd/mm/yyyy)*	Do you identify yourself as an Aboriginal person? ☐ Yes ☐ No

Referral Source: *(Please include contact Information)*		Phone
Address		
	City	Postal Code

	Name of Parents / Primary Caregiver	Relationship to Client	Most convenient phone	Legal Guardian?
1				☐ Yes ☐ No
2				☐ Yes ☐ No
3				☐ Yes ☐ No

Mailing address		
	City	Postal Code
Language(s) spoken at home	Interpreter needed? ☐ Yes ☐ No	

Referral Reason:

Send this request for service to the nearest Audiology Clinic

MEDICAL CLEARANCE APPROVAL: *(Required **ONLY** for clients requiring amplification)*

☐ Hearing evaluation and issuance of a hearing aid(s) / ALD if appropriate (and if acceptable to client)

☐ Earmold impressions for Hearing Aid/ALD Use

☐ Contraindications for earmold impressions or hearing aid fitting: ☐ Left ☐ Right

Otolaryngologist Signature *(Required)* _____

Interior Health Audiology Clinic Locations			Phone	Fax
☐ 100 Mile House	South Cariboo Health Centre	555 D Cedar Avenue	250-395-7676	250-302-5035
☐ Cranbrook	Cranbrook Health Centre / Rocky Mountain Lodge	20 - 23rd Avenue South	250-420-2221	250-420-2295
☐ Kamloops	Kamloops Health Centre	519 Columbia Street	250-851-7355	250-851-7462
☐ Kelowna	Community Health & Services Centre	505 Doyle Avenue	250-469-7070 Ext 12075	250-868-7809
☐ Trail	Kiro Wellness Centre	1500 Columbia Avenue	250-364-6216	250-364-6218
☐ Vernon	Vernon Health Centre	1440 - 14th Avenue	250-549-5760	250-549-5788
☐ Williams Lake	Williams Lake Health Centre	201 - 540 Borland Street	250-302-5030	250-302-5035

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