**Edmonton Ear Clinic**
Audiology Department

137, 501 Bethel Drive
Synergy Wellness Centre
Sherwood Park, AB T8N 0N2

Tel: 780-220-5494
**Fax: 780-570-5493**
Email: Admin@Edmontonearclinic.com

Date: _____

## Referral Source

| | | |
|---|---|---|
| Name: | Location: | |
| PracID: | Phone: | Fax: |
| Email: | | |

## Patient Information:

Patient Name: _____

Guardian/Parent Name(s): _____

Date of Birth: _____ Health Care Number: _____

Phone Numbers (provide two if possible): _____

_____

Address: _____

_____

## Hearing Information:

- ☐ Education System: ☐ Public ☐ Catholic ☐ Other
- ☐ School Name: _____ Grade: _____
- ☐ Wears hearing aid(s): ☐ Yes ☐ No
- ☐ Assistive listening devices used: _____
- ☐ Hearing aid provider/Clinic name: _____

***** Please include any previous audiograms or else the referral will be rejected *****