Hear & Co
Hearing Tests & Hearing Aids

Physician Referral Form

7-1100 Golf Links Road, Ancaster (Hamilton), ON L9K 1J8
Phone 289-246-8005 | info@hearco.ca

Fax completed form to 289-246-7993

1. PATIENT

Last name | First name | Date of birth (YYYY-MM-DD) | Health card and version

Address | City | Postal code

Phone | Other phone | Email (optional)

Needs: ☐ Interpreter ☐ Mobility support ☐ Contact a caregiver to book

2. REFERRING PHYSICIAN OR NURSE PRACTITIONER

Name | CPSO or CNO number | OHIP billing number | Clinic

Clinic address | Phone | Fax (for results) | Email (optional)

3. REASON FOR REFERRAL

☐ Hearing test ☐ Hearing aid consultation ☐ Ear wax removal

☐ Tinnitus concerns ☐ Hearing test, ages 12 to 17 ☐ Hearing test for employment

☐ Other:

Ear: ☐ Left ☐ Right ☐ Both Onset: ☐ Gradual ☐ Recent change

4. RELEVANT HISTORY

☐ Dizziness or balance problems ☐ Ear infections or drainage ☐ Ear surgery or perforation

☐ Noise exposure ☐ Ototoxic medication ☐ Wears hearing aids now

Clinical notes, findings and medications relevant to hearing

Sudden hearing loss is urgent. Please call us at 289-246-8005 rather than faxing this form.

5. CONSENT AND SIGNATURE

☐ The patient agrees to this referral and to Hear & Co receiving this information.

Signature | Date (YYYY-MM-DD)

Hearing tests are complimentary for anyone 65 and over.
Hearing tests and ear wax removal are not covered by OHIP. Fees are listed at hearco.ca.
This form contains personal health information. Fax to 289-246-7993 only.