



Patient Information

Form with fields: Last Name, First Name, Middle Initial, Date of Birth, Street Address, City, State, Zip Code, Parent(s) Name, Cell Phone, Alternate Phone

Reason for Referral

- Failed hearing screening, Speech delay, Did not pass newborn screen, Did not have newborn hearing screen, Genetic disorder/syndrome, Otitis media, Hearing concerns, Other:

Diagnosis

Please specify patient's diagnosis:

Provider Information

Form with fields: Referring Provider, Contact Person, Contact Number, Fax Number

Procedure(s) Ordered

General Referral for Hearing Test

OR

Specific Procedure(s) (Please list)

- Diagnostic Audiologic Evaluation (Note: If not specified in the order received, the audiologist will decide the most appropriate test battery based on reason for referral, case history, and test results obtained. This may include behavioral, acoustic immittance, otoacoustic emissions (OAE) and/or auditory brainstem response (ABR) evaluation. Audiology CPT Codes (92550-92588))
Auditory Brainstem Response (ABR) Evaluation (Note: Acoustic immittance, OAE, and behavioral testing may also be performed to fully and accurately evaluate this patient's hearing status, as determined appropriate by the audiologist. Audiologist may elect to not perform ABR evaluation if hearing loss is ruled out with behavioral/ OAE tests.)

Blank lines for listing specific procedures

If answering "Yes" to any of the following questions, please call the specific location for assistance with scheduling:

- Yes No Does this child wear hearing aids or a cochlear implant?
Yes No Is this child under 7 months of age?
Yes No Are you selecting a specific procedure instead of a Diagnostic Audiologic Evaluation?

Referral Locations and Contact Numbers

- Main Campus: FAX: 832-825-8940, Phone: 832-822-3249
West Campus: FAX: 832-825-9289, Phone: 832-227-1030

- Clear Lake Health Center: FAX: 281-282-1990, Phone: 281-282-1900
Sugar Land Health Center: FAX: 281-494-7807, Phone: 832-828-1800

- Cy Fair Health Center: FAX: 281-477-9898, Phone: 832-828-3522
The Woodlands Health Center: FAX: 936-321-0883, Phone: 936-321-0808

Physician Signature:
Date: