Texas Children's Hospital®

Texas Children's Referral Form
Texas Children's Audiology Center

Patient Information

Last Name	First Name	Middle Initial	DOB	Gender (circle) Male / Female

Address / City / State / ZIP

Parent(s) Name	Cell Phone	Alternate Phone

Reason for Referral

- O Failed hearing screening
- O Genetic disorder/syndrome
- O Otitis media
- O Other: _____
- O Did not pass newborn screen
- O Did not have newborn hearing screen
- O Expressive language disorder
- O Mixed receptive-expressive language disorder
- O Speech articulation disorder
- O Monitor known hearing loss

Diagnosis

Please specify patient's diagnosis:

Provider Information

Referring Provider	Contact Person	Contact Phone Number	Office Fax Number

Procedure(s) Ordered

O **Diagnostic Audiologic Evaluation**
Note: *If not specified in the order received, the audiologist will decide the most appropriate test battery based on the reason for referral, care history, and test results obtained.* ***This may include behavioral, acoustic immittance, optoacoustic emissions (OAE), and/or auditory brainstem response (ABR) evaluation.*** *Audiology CPT Codes (92550-92588)*

O **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.*

Birth Hospital/Location if patient referred due to failed or missed newborn hearing screening: _____

O **Other – Indicate specific procedure(s):** _____

Referral Locations and Contact Numbers (please fax this order to the desired location)

O **Medical Center**
Fax: 832-825-8940
Phone: 832-822-3249

O **Clear Lake Specialty Care**
Fax: 281-282-1990
Phone: 281-282-1900

O **TCH at Texas Hearing Institute**
Fax: 281-766-5117
Phone: 281-661-4858

O **West Campus**
Fax: 832-825-9289
Phone: 832-227-1030

O **Cy Fair Specialty Care**
Fax: 281-477-9898
Phone: 281-469-4688

O **North Austin Campus**
Fax: 737-229-3554
Phone: 737-229-3526

O **The Woodlands Campus**
Fax: 936-267-7917
Phone: 936-267-7350

O **Eagle Springs (Humble) Specialty Care**
Fax: 281-852-2033
Phone: 281-666-5006

O **Bellaire Specialty Care**
Fax: 832-825-9591
Phone: 713-839-0164

O **Sugar Land Specialty Care**
Fax: 281-494-7807
Phone: 832-828-1800

Physician Signature:

_____

Date:

_____