

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				
<input type="radio"/> Failed hearing screening <input type="radio"/> Did not pass newborn screen <input type="radio"/> Expressive language disorder <input type="radio"/> Speech articulation disorder <input type="radio"/> Genetic disorder/syndrome <input type="radio"/> Did not have newborn hearing screen <input type="radio"/> Mixed receptive-expressive language disorder <input type="radio"/> Monitor known hearing loss <input type="radio"/> Otitis media <input type="radio"/> Other: _____				
Diagnosis				
Please specify patient's diagnosis:				
Provider Information				
Referring Provider	Contact Person	Contact Phone Number	Office Fax Number	
Procedure(s) Ordered				
<input type="radio"/> Diagnostic Audiologic Evaluation <i>Note: If not specified in the order received, the audiologist will decide the <u>most appropriate</u> test battery based on the reason for referral, care 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)</i>				
<input type="radio"/> Auditory Brainstem Response (ABR) Evaluation <i>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.</i>				
<i>*Birth Hospital/Location if patient referred due to failed or missed newborn hearing screening: _____</i>				
<input type="radio"/> Other – Indicate specific procedure(s): _____				
Referral Locations and Contact Numbers (please fax this order to the desired location)				
<input type="radio"/> Medical Center Fax: 832-825-8940 Phone: 832-822-3249	<input type="radio"/> West Campus Fax: 832-825-9289 Phone: 832-227-1030	<input type="radio"/> The Woodlands Campus Fax: 936-267-7917 Phone: 936-267-7350	<input type="radio"/> Bellaire Specialty Care Fax: 832-825-9591 Phone: 713-839-0164	
<input type="radio"/> Clear Lake Specialty Care Fax: 281-282-1990 Phone: 281-282-1900	<input type="radio"/> Cy Fair Specialty Care Fax: 281-477-9898 Phone: 281-469-4688	<input type="radio"/> Eagle Springs (Humble) Specialty Care Fax: 281-852-2033 Phone: 281-666-5006	<input type="radio"/> Sugar Land Specialty Care Fax: 281-494-7807 Phone: 832-828-1800	
<input type="radio"/> TCH at Texas Hearing Institute Fax: 281-766-5117 Phone: 281-661-4858	<input type="radio"/> North Austin Campus Fax: 512-640-3094 Phone: 737-229-3526			

<b style="color: red;">Physician Signature: _____ Date: _____
