

## HEARING & SPEECH NOVA SCOTIA REFERRAL

Fax form to <u>location</u> Questions? Call 1-888-780-3330 <u>www.hearingandspeech.ca</u>

Hospital card imprint		

Name: Last	First Middle		
Date of Birth:/ Pronouns: □ He/Him	□ She/Her □ They/Them □		
d m y			
Ant #: City:	Province: Postal Code:		
	Home #:		
	o: Tel:		
Health #:	Province: NS upor Expiry Date:/		
RCMP #: Armed Forces #:	Country Name:		
PERSON REFERRING: Date:	FAMILY DOCTOR or NURSE PRACTITIONER (if you have one)		
☐ SELF (address above)	Name:		
□ Other:	Address:		
Address:	Postal Code:		
Postal Code: Tel:	Tel: Fax:		
REFERRAL FOR SPEECH-LANGUAGE PATHOLOGY:  Speech-Language Assessment (includes Hearing Screening)			
Dysphagia (swallowing) Assessment (where available)	☐ Voice Assessment		
Other/Don't Know:			
REFERRAL FOR AUDIOLOGY:			
☐ Complete Hearing Evaluation	☐ Auditory Processing [must be 7 years or older]		
☐ Hearing Screening	☐ Auditory Brainstem Response (ABR)		
☐ Other/Don't Know:			
Is there anything Hearing & Speech Nova Scotia should know to prepare for the assessment?  E.g. interpreter/translator required, mobility, vision, or literacy challenges?  If yes, please describe:			
Which languages are spoken at home?			