

DEPARTMENT OF OTOLARYNGOLOGY  
REFERRAL FORM  
SUNNYBROOK HEALTH SCIENCES CENTRE  
2075 BAYVIEW AVENUE  
M-WING 1<sup>ST</sup> FLOOR, ROOM 102

PHYSICIAN APPOINTMENTS: 416-480-4138  
AUDIOLOGY APPOINTMENTS: 416-480-4143  
DIZZINESS: 416-480-6100 EXT. 2147  
FAX: 416-480-5761

PATIENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

OHIP #: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_ DOB: YY \_\_\_\_ MM \_\_\_\_ DD \_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

PHYSICIAN CONSULTATION

- OTOLOGY/NEUROTOLOGY:  Dr. J. Chen  Dr. V. Lin  Dr. T. Le  
HEAD & NECK SURGICAL ONCOLOGY:  Dr. J. Davidson  Dr. K. Higgins  Dr. D. Enepekides  
OTOLARYNGOLOGY:  Dr. E. Gooden  Dr. T. Kandasamy  
 First available appointment

REASON FOR REFERRAL:

\_\_\_\_\_  
\_\_\_\_\_

DIZZINESS CONSULTATION

Has the patient had Vestibular testing (ENG/VNG) before? (No / Yes) If yes, please send copies of the report

*Please note referrals for DIZZINESS/VERTIGO are only accepted from Otolaryngologists, Neurologists and Sunnybrook Family Medicine. All other referrals will be faxed back*

AUDIOLOGY APPOINTMENT(S)

- Audiology Assessment  
 Hearing Aid Evaluation Does patient need hearing aids? (No / Yes)  
 Tinnitus workshop Does patient have hearing aids? (No / Yes)  
 Auditory Brainstem response (ABR) (otoneurologic/site of lesion)  
 Electrocochleography (EcoG)  cVEMP  
 Vestibular ENG/VNG

REFERRING PHYSICIAN INFORMATION

DOCTOR: \_\_\_\_\_ PHYSICIAN NUMBER: \_\_\_\_\_  
(first and last name)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE DO NOT ASK PATIENT TO CONTACT OUR OFFICE FOR AN APPOINTMENT DATE. THOSE MESSAGES WILL NOT BE RETURNED. IF THE PATIENT HAS HAD PRIOR IMAGING, THEY MUST BRING THOSE FILMS ON A CD-ROM FOR THE PHYSICIAN TO REVIEW ON THE DATE OF THEIR APPOINTMENT. FAILURE TO BRING IMAGING RESULTS MAY RESULT IN RESCHEDULING OF THEIR APPOINTMENT.