

DEPARTMENT OF OTOLARYNGOLOGY
REFERRAL FORM
SUNNYBROOK HEALTH SCIENCES CENTRE
2075 BAYVIEW AVENUE
M-WING 1ST 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. A. Eskander 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.