



3412 Roblin Blvd
Winnipeg, MB, R3R 0C7
Phone: (204) 416-7455 Fax: (204)560-3247
Email: info@eahearing.com
Web: www.eahearing.com

REFERRAL RECOMMENDATION FORM

Date:

Referring Health Provider:

CLINIC: _____

PHYSICIAN: _____

Regarding Patient:

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

DOB: _____

MANITOBA HEALTH # _____

Hearing Concerns:

- DECREASED HEARING (R/L)
- TINNITUS (R/L)
- DIZZINESS/VERTIGO
- CHRONIC EAR INFECTION (R/L)
- HISTORY OF HEAR TRAUMA
- HEARING AID TRIAL

Comments:

Physician Signature: _____

Thank You