

REQUEST FOR HEARING LOSS EVALUATION/HEARING AID EVALUATION

To (please check location):

**Audiology Innovations
Glenbrook location**

#226-3715 51st St. SW
Calgary, AB T3E 6V2
PH.403-802-6022
FAX. (587)315-3587

**Audiology Innovations
Mission location**

#202-320 23rd Ave. SW
Calgary, AB T2S 0J2
PH.403-252-4722
FAX. (403)252-4778

ATTN: Dr. Carrie Scarff, Registered Audiologist, Ph.D/Eleese Llewellyn, Registered Hearing Aid Practitioner/
Elan Feldman, BC-HIS, Registered Hearing Aid Practitioner

DATE: _____

REFERRAL FOR PATIENT NAME: _____

PHONE: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

REASON FOR CONSULT:

The above patient has hearing concerns and would like to be evaluated. YES NO

They are a senior on a restricted income YES NO

They have significant mobility issues. Please consider a home visit YES NO

Referring name and title: _____



Mission: 320 23rd Avenue S.W.
Suite 202, Calgary, AB T2S 0J2
403-252-4722
Glenbrook Plaza: 3715 51st Street S.W.
Suite 226, Calgary, AB T3E 6V2
403-802-6022