



**HEARING & SPEECH NOVA SCOTIA
REFERRAL**

1-888-780-3330 (call for information)
www.hearingandspeech.ca

Hospital card imprint

Name: Last _____ First _____ Middle _____

Date of Birth: ____/____/____ Pronouns: He/Him She/Her They/Them _____
d m y

Address: _____

Apt. #: _____ City: _____ Province: _____ Postal Code: _____

Cell #: _____ Home #: _____

Health #: _____ Province: NS or _____ Expiry Date: ____/____/____

RCMP #: _____ Armed Forces #: _____ Country Name: _____

Alternate Contact: _____ Tel: _____

<p>PERSON REFERRING: Date: _____</p> <p><input type="checkbox"/> SELF (address above)</p> <p><input type="checkbox"/> Other: _____</p> <p>Address: _____</p> <p>Postal Code: _____ Tel: _____</p>	<p>FAMILY DOCTOR or NURSE PRACTITIONER (if you have one)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Postal Code: _____</p> <p>Tel: _____ Fax: _____</p>
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DESCRIBE YOUR CONCERNS/REASON FOR REFERRING:

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?
