

— VAUGHAN —
OTOLARYNGOLOGY
 — SURGEONS & ASSOCIATES —

200-2630 Rutherford Road, Vaughan ON L4K 0H2 Tel: 416-548-4039 Fax: 647-722-5440

REFERRAL FORM

Patient Demographics: (Place stamp or label here)

Gender: M / F

Referring Doctor: _____ **Billing #:** _____

Phone: _____ Fax: _____

EAR	NOSE	THROAT	NECK
<input type="checkbox"/> *Hearing Loss/Bilateral Tinnitus <input type="checkbox"/> Dizzy/Vertigo <input type="checkbox"/> Unilateral Tinnitus <input type="checkbox"/> Ear infection/pain <input type="checkbox"/> Wax removal <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Sinusitis <input type="checkbox"/> Nasal polyps <input type="checkbox"/> Nasal congestion/obstruction <input type="checkbox"/> Post nasal drip <input type="checkbox"/> Epistaxis <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Snoring/Sleep Apnea <input type="checkbox"/> Throat irritation <input type="checkbox"/> Tonsillitis/Tonsil stones <input type="checkbox"/> Large adenoids <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Neck mass <input type="checkbox"/> Thyroid nodule <input type="checkbox"/> Parotid mass

Additional History:

*If you have selected **HEARING LOSS/BILATERAL TINNITUS** please select one of the following:

- Hearing test ONLY
- Hearing test AND Otolaryngology consultation

All hearing tests are carefully reviewed by our Otolaryngologists.