



Last Name	First Name	Middle Initial	DOB	Gender
Address/City/State/Zip				
Guardian(s) Name		Cell Phone	Alternate Phone	
Referral Reason				
<input type="checkbox"/> Failed hearing screening	<input type="checkbox"/> Did not pass newborn screen	<input type="checkbox"/> Expressive language disorder		
<input type="checkbox"/> Genetic disorder/syndrome	<input type="checkbox"/> Did not have newborn screen	<input type="checkbox"/> Mixed receptive-expressive language disorder		
<input type="checkbox"/> Otitis media		<input type="checkbox"/> Speech articulation disorder		
<input type="checkbox"/> Monitor known hearing loss		<input type="checkbox"/> Other: _____		
Diagnosis Please specify patient's diagnosis:				
Provider Information				
Referring Provider	Contact Person	Contact Phone Number	Office Fax Number	
Procedure(s) Ordered				
<input type="checkbox"/> Newborn hearing screening (CPT 92650) <input type="checkbox"/> Diagnostic Audiologic Evaluation <i>Note: If not specified in the order received, the audiologist will decide the most appropriate test battery based on the reason for referral, care history, and test results obtained. This may include behavioral, acoustic immittance, otoacoustic emissions (OAE), and/or auditory evoked potential (AEP) evaluation (CPT Codes: 92550-92653)</i> Auditory evoked potential evaluation (select from options below) <input type="checkbox"/> Natural Sleep (under 6 months of age) <input type="checkbox"/> General anesthesia (over 6 months of age) <i>Note: Acoustic immittance, OAE, and behavioral testing may also be performed to fully and accurately evaluate this patient's hearing status, as determined appropriate by the audiologist. Audiologist may elect to not perform an AEP evaluation if hearing loss is ruled out with behavioral/OAE tests. (CPT Codes: 92550-92653)</i> <input type="checkbox"/> Hearing aid consultation with hearing evaluation <i>Note: Acoustic immittance, OAE, and behavioral testing may also be performed to fully and accurately evaluate this patient's hearing status, as determined appropriate by the audiologist. Audiologist may elect to not perform AEP evaluation if hearing loss is ruled out with behavioral/OAE tests. (CPT Codes: 92550-92653)</i> <input type="checkbox"/> Cochlear implant services (CPT Codes: 92601-92604) <input type="checkbox"/> Auditory processing disorder (APD) evaluation (CPT Codes: 92557, 92550, 92620, 92571, 92572, 92653) <input type="checkbox"/> Vestibular Assessment (CPT Codes: 92567, 92587, 92517, 92518, 92519, 92541, 92542) <input type="checkbox"/> Custom earmolds (CPT V5264) <input type="checkbox"/> Other: Indicate specific procedure(s): _____				
Physician signature			Date	

