

# Central Speech and Hearing Clinic Inc.

an affiliate of Victoria General Hospital  
2 – 1325 Markham Road  
Winnipeg, MB R3T 4J6  
Tel 204.275.7436  
Fax 204.269.5083

## ADULT IMPLANT REFERRAL FORM

Please fill in as completely as possible (fax or mail form to the fax number or address above)

Bone Anchored Implant

Cochlear Implant

Last Name: \_\_\_\_\_ First Name, Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

MB Health Card reg. #: \_\_\_\_\_ PHIN #: \_\_\_\_\_

Sex: \_\_\_\_\_ First Language: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Details (phone #, email): \_\_\_\_\_

### Audiometry

Please attach a copy of the most recent audiogram  Yes, audiogram attached  No, audiogram unavailable

Does patient currently use hearing aid(s):  Yes  No If yes, which ear(s):  Right  Left

Etiology of Deafness: \_\_\_\_\_

Age of onset of severe – profound deafness (approximate in years): \_\_\_\_\_

### Referral Source

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Specialty: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Family Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Otolaryngologist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your patient will be contacted for an appointment – **Thank you for this referral.**

**For Candidacy Criteria** – see reverse

## **ADULT COCHLEAR IMPLANT CANDIDACY CRITERIA**

- Bilateral sensorineural hearing loss, including:
  - Bilateral severe to profound
  - Asymmetric loss, with at least one ear being severe to profound
  - “Ski-slope” configuration, with high frequency severe to profound loss
- Poor word discrimination scores
- Spoken language as primary mode of communication
- Currently fit with appropriate amplification
- High level of commitment to follow-up and aural rehabilitation to optimize outcomes

## **BONE ANCHORED IMPLANT CANDIDACY CRITERIA**

- Bone conduction thresholds of 55 dB HL or better
- An audiometric configuration that supports a conductive or mixed hearing loss with an air-bone gap of at least 25 dB HL