

# AUDIOLOGY DEPARTMENT REQUEST FORM



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**PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND HOSPITAL**

All sections of this form must be fully completed

Room: _____	Date: _____	Surname	<input type="text"/>
Appointment Date: _____	Time: _____	Forenames	<input type="text"/>
Referring Consultant/GP: _____		Hospital no	<input type="text"/> DoB <input type="text"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F

Audiometry	Vestibular Tests
<input type="checkbox"/> 551030 Pure Tone Audiogram	<input type="checkbox"/> 551500 Videonystagmography (VNG)
<input type="checkbox"/> 551060 Speech Audiogram	<input type="checkbox"/> 551510 Calorics
<input type="checkbox"/> 551460 Uncomfortable Loudness Levels	<input type="checkbox"/> 551979 Dix-Hallpike Manoeuvre
<input type="checkbox"/> 551922 Tinnitus Matching	<input type="checkbox"/> 554000 Dix-Hallpike + Epley Reposition Manoeuvre
Impedance Testing	<input type="checkbox"/> 551570 Full Vestibular Investigation
<input type="checkbox"/> 551020 Tympanometry	<i>Pure Tone Audiogram</i>
<input type="checkbox"/> 551040 Tympanometry Inc. IPSI Reflex's	<i>Tympanometry</i>
Paediatric Behavioural Tests	<i>Calorics</i>
<input type="checkbox"/> 551380 Paediatric Assessment (Audiometry + Tympanometry)	<i>VNG</i>
<input type="checkbox"/> 552022 VRA (Including Tympanometry)	<i>Dix-Hallpike</i>
Custom Swim Plugs	Please refrain from wearing eye make-up on the day of the test and taking the following 24 hours prior to testing:
<input type="checkbox"/> 551976 Swim Plugs (Custom)	
<input type="checkbox"/> 552025 Swim Plugs (Custom) 2 Pairs	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Dizziness medication</li> <li>• Sedatives</li> <li>• Sleeping tablets</li> <li>• Antihistamines/decongestants</li> </ul>
Results to be sent to: _____	
Objective Testing	
<input type="checkbox"/> 551670 ABR (Threshold)	
<input type="checkbox"/> 551831 TE OAE	
Have you discussed this test with the patient? Yes / No	

Clinical Information
Provisional Diagnosis: _____
Medical History, Clinical Details & Medication: _____ _____ _____
Authorising Signature: _____ Date: _____