HEARING REFERRAL LETTER

Name___________________________________

Dear Parent:

In keeping with the recommendations of the New Hampshire Department of Education, your child’s school class was screened for hearing on ___/___/___ and rescreened on ___/___/___.

Your child was unable to hear all of the screening sounds. Although the results do not definitely mean your child has a hearing problem, you are urged to take him/her to your physician and/or audiologist for further hearing evaluation.

Please take this letter with you when your child is examined and ask the examiner to complete the bottom half.

See the attached screening audiogram and/or tympanogram.

Please complete this portion of the form and send it at your earliest convenience to:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I have examined ___________________________ and find the following:

MEDICAL:

☐ Normal hearing
☐ Medically treatable
☐ Not medically treatable
☐ Outer ear
☐ Middle ear
☐ Inner ear
☐ Refer to audiology
☐ Further comments

________________________________________
________________________________________
________________________________________

Signed: _____________________________
Date: ____________________________

AUDIOLOGICAL:

☐ Normal hearing
☐ Conductive hearing loss
☐ Mixed hearing loss
☐ Sensorineural hearing loss
☐ Refer to physician
☐ Amplification evaluation
☐ Further comments

________________________________________
________________________________________
________________________________________

Signed: _____________________________
Date: ____________________________