Sabrina DeToma, Au.D.
Doctor of Audiology, Audiologist
Maple Gate Medical Building
2200 Rutherford Road, Suite 202
Tel. **905-303-4327**

REFERRAL FORM

Referral Source Information

Today's Date: _____ Physician Name: _____

Address Stamp Here

Client Information

Client First Name: _____ Client Last Name: _____

Address: _____ City/Town: _____

Postal Code: _____ Province: _____

Date of Birth/Age: _____ Gender: ☐ Male ☐ Female

Home Phone: _____ Alternate Phone: _____

Reason for Referral

☐ Hearing Test
☐ Noises in Ears/Head (Tinnitus)
☐ Dizziness/Vertigo
☐ Hearing Aid
☐ Sensitive to sounds (Hyperacusis)
☐ Custom earplugs (swimming or noise)
☐ Ear Wax Removal
☐ Ears Hurt
☐ _____

Notes

_____

_____

Please fax referrals to 905-303-4331