

Audiology Referral to True Hearing Health



Referred by _____

Date (yyyy/mm/dd) _____

Reason for Referral

- Balance & Dizziness Assessment and Treatment
- Hearing Assessment
- Hearing Loss Treatment
- Tinnitus Assessment and Rehabilitation
- Other _____

Patient Information

First Name _____ Last Name _____

Phone # _____ Date of Birth (yyyy/mm/dd) _____

Email _____

True Hearing Health Clinics - Please Indicate Which Clinic

Chatham
20 Emma St, Building B, Unit 201
Chatham, ON N7L 5K5
tel: 1-519-397-4411
fax: 1-519-397-1410
chatham@truehearinghealth.com

Brantford
40 Shellington Pl, Suite LL03
Brantford, ON N3S 0C5
tel: 1-519-900-8924
fax: 1-800-521-6614
brantford@truehearinghealth.com

London
1135 Adelaide St N, Unit 107
London, ON N5Y 5K7
tel: 1-519-204-5500
fax: 1-519-204-0655
london@truehearinghealth.com

Windsor
South Walkerville Medical Centre
2224 Walker Road, Suite 179
Windsor, Ontario, N8W 5L7
tel: 1-519-800-1977
fax: 1-800-874-5901
windsor@truehearinghealth.com

or schedule an appointment online:
www.truehearinghealth.com/booking