

# 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

#### London

1135 Adelaide St N, Unit 107  
London, ON N5Y 5K7  
tel: 1-519-204-5500  
fax: 1-226-526-4860

#### Chatham

20 Emma St, Building B, Unit 201  
Chatham, ON N7L 5K5  
tel: 519-397-4411  
fax: 1-226-946-1369

[booking@truehearinghealth.com](mailto:booking@truehearinghealth.com)

or schedule an appointment online:

[www.truehearinghealth.com/booking](http://www.truehearinghealth.com/booking)