Referral Form

Patient’s Name: ____________________________ Phone number: ____________________________
Date: _______________ Physician’s office contact person: ____________________________
                              Contact number: ____________________________

Audiology Procedures:

_____ Complete hearing evaluation
_____ Hearing aid evaluation
_____ Balance assessment
_____ Auditory Processing Disorder Assessment
_____ Auditory Brainstem Response Testing (ABR)
_____ Other (specify) ____________________________

Special Instructions: ____________________________
                              ____________________________

Speech-Language Pathology Procedures:

_____ Complete speech-language evaluation
_____ Voice evaluation
_____ Fluency evaluation
_____ Alternative/augmentative communication evaluation
_____ Speech-language therapy ___ x week for ___ weeks for (specify problem)

_____ Other (specify) ____________________________

Special Instructions: ____________________________
                              ____________________________

Physician’s Name: ____________________________

Physician’s signature

Fax to:
UNT Speech and Hearing Center
940-369-7702
Fax machine is monitored in confidential area
Clinic personnel will call to confirm receipt of fax
From Dallas:
Take I-35E North and exit Ft. Worth Dr./377 and take a right.

From Ft. Worth:
Take I-35W North and exit I-35E towards Dallas. Exit Ft. Worth Dr./377 and take a left.

Continue on Ft. Worth Dr. and take a left on Eagle Dr. (second stoplight). Go to first stoplight and take a right on Bernard. Proceed approximately 5 blocks to Sycamore. Turn left on Sycamore. Speech and Hearing Center is at 907 W. Sycamore St.