

Mississauga



Hearing and Balance Centre

Request for Consultation

HEARING / BALANCE

77 QUEENSWAY WEST
SUITE 101, MISSISSAUGA
ONTARIO L5B 1B7

TEL: 905-273-3233

FAX: 905-273-3303

Email: mhbcentre@yahoo.com

LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS			APARTMENT No.
CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE ()		OTHER TELEPHONE ()	
EMAIL ADDRESS:			
DATE OF BIRTH (DD/MM/YYYY)			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HEALTH CARD No.			VERSION CODE
REFERRING PHYSICIAN			

APPOINTMENT DATE _____ **TIME** _____

Referral Date _____ Language Spoken _____

DIAGNOSIS / REASON FOR REFERRAL:

Audiology Vestibular Testing ENT

PROCEDURES REQUESTED

(Battery of tests may vary according to the age and primary concern)

- | | |
|--|---|
| <input type="checkbox"/> Hearing Test | <input type="checkbox"/> Tinnitus Management* |
| <input type="checkbox"/> Pediatric Hearing Test (<5 yrs) ^①
Audio/Sound Field/Impedence/Screening OAE | <input type="checkbox"/> ABR (Auditory BrainStem Response)
site of lesion/thresholds |
| <input type="checkbox"/> OAE (Otoacoustic Emissions) | <input type="checkbox"/> (CAP) Central Auditory Processing Testing* |
| <input type="checkbox"/> Cerumen Removal* | <input type="checkbox"/> HAE (Hearing Aid Evaluation)* |
| <input type="checkbox"/> Tinnitus Assessment (Audio/ABR/VEMP) | <input type="checkbox"/> HAC (Hearing Aid Check)* |
- *Charge applies

DIZZY TEST BATTERY

Tier 1:

- Advanced Diagnostic Hearing Tests (includes ABR & EcochG)
- EcochG (Electrocochleography)
Meniere's Disease/Labyrinthine hydrops
- ENG (Electronystagmography)^①
Eardrums intact? yes no (air)
- VAT (Vestibular Autorotation Test)
- VEMP (Cervical & Ocular Vestibular Evoked Myogenic Potentials)

Tier 2:

- Rotary Chair Test
- vHIT (Video Head Impulse Test)
- CDP** (Computerized Dynamic Posturography)

Functional Assessment / Rehab:

- DVA (Dynamic Visual Activity Test)
- VRT (Vestibular Rehab Therapy)*

①

SPECIAL INSTRUCTIONS

- ✦ VNG/ENG & Rotary Chair Test: Please see reverse for instructions
- ✦ Pediatric Testing: An adult is required to accompany children under 5 years of age into the testing room and any other young children are not to be left unattended.
- ✦ Location: Please see reverse for details.
- ✦ Patients arriving late or without a valid health card may be rescheduled.
- ✦ Kindly give at least 24 hours notice for cancellations.

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Directions:

Our clinic is located at
Queensway West across
Trillium Health Partners,
Mississauga Site.
The closest intersection is
Queensway and Hurontario Street.



VNG/ENG INSTRUCTIONS

An ENG test is used to identify diseases or disorders causing vertigo, dizziness or inner disorders. Electrodes will be taped to your skin around your eyes to measure nystagmus - an involuntary, repetitive movement of the eyeball. Several recordings of eye motion will be made while you move your eyes in different positions. The tests will be performed while small quantities of warm and cold water are placed in your ear canals. The ENG test takes approximately 30 minutes.

Please do not eat for three hours before an ENG test. IF YOU ARE DIABETIC, DO NOT SKIP ANY MEALS. Refrain from taking sedatives, tranquilizers, antihistamines, drugs for nausea or dizziness and alcoholic beverages for 24 hours prior to your appointment. If you are on any medications for heart, blood pressure, thyroid, cholesterol, diabetes or epilepsy, continue these as usual. Please refrain from applying moisturizer and foundation makeup to your face before your test. Due to the fact that some patients may experience prolonged dizziness after the test is complete, it is recommended that you have someone drive you home after the test if possible. Please check in at least 10 minutes early unless your appointment is for 8:00am or 1:00pm.

ROTARY CHAIR INSTRUCTIONS

Please do not wear any eye makeup.



Hearing Aid Styles