



Fax this completed form, with the patient's pertinent records and insurance card, to: (512) 631-4188

Questions: (512) 222-6880 | info@goldenearsaudiology.com | goldenearsaudiology.com/physician-referral

REFERRING PROVIDER

Provider name	NPI	Date (MM/DD/YYYY)
Practice / clinic name		
Phone	Fax for return correspondence	Secure email

PATIENT INFORMATION

Patient name	Date of birth (MM/DD/YYYY)	Sex
Patient phone	Best time / way to contact	Patient email
Insurance carrier	Member ID	Group #

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

Comprehensive audiometric evaluation	Auditory processing disorder (APD) evaluation
Tinnitus evaluation / management	Speech-in-noise testing
Hearing aid candidacy / fitting	Hearing aid troubleshooting / 2nd opinion
Pediatric audiology	Concierge in-home visit
Hearing care alongside cognitive concern	Custom hearing protection
Other reason / clinical question	

RECORDS ATTACHED (CHECK ALL THAT APPLY)

Prior audiogram	ENT / clinic notes	Imaging report (MRI / CT)
Medication list	Insurance card	Other (note below)

PERTINENT HISTORY & CLINICAL NOTES

Onset, prior workup, ototoxic exposures, current medications, etc.

URGENCY

Routine	Priority (within 1-2 weeks)	Urgent (call to coordinate)
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PREFERRED RESPONSE METHOD (WHERE TO SEND THE REPORT)

Fax to provider	Secure email	Mail	EHR / Direct messaging
Referring provider signature			Date (MM/DD/YYYY)