

# HEARING REFERRAL LETTER

Name \_\_\_\_\_

Dear Parent:

In keeping with the recommendations of the New Hampshire Department of Education, your child's school class was screened for hearing on \_\_\_/\_\_\_/\_\_\_ and rescreened on \_\_\_/\_\_\_/\_\_\_.

Your child was unable to hear all of the screening sounds. Although the results do not definitely mean your child has a hearing problem, you are urged to take him/her to your physician and/or audiologist for further hearing evaluation.

Please take this letter with you when your child is examined and ask the examiner to complete the bottom half.

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See the attached screening audiogram and/or tympanogram.

Please complete this portion of the form and send it at your earliest convenience to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined \_\_\_\_\_ and find the following:

**MEDICAL:**

- Normal hearing
- Medically treatable
- Not medically treatable
- Outer ear
- Middle ear
- Inner ear
- Refer to audiology
- Further comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**AUDIOLOGICAL:**

- Normal hearing
- Conductive hearing loss
- Mixed hearing loss
- Sensorineural hearing loss
- Refer to physician
- Amplification evaluation
- Further comments

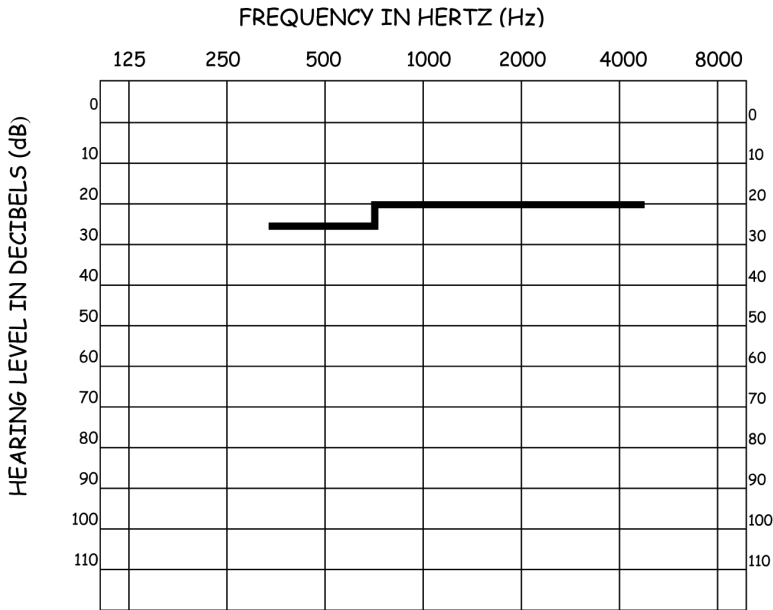
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Audiogram

Name: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

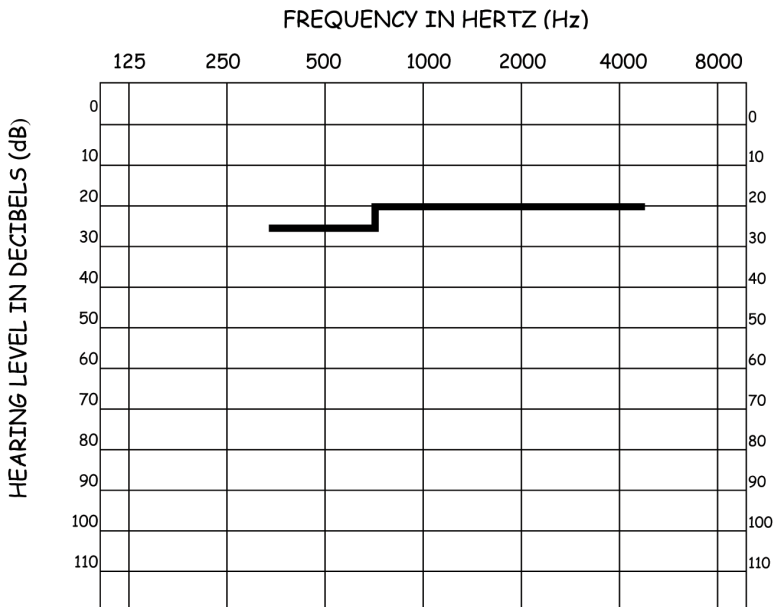


Attach Tympanogram here:

KEY	EAR	COLOR	AIR
	RIGHT	RED	O
	LEFT	BLUE	X

# Audiogram

Name: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_



Attach Tympanogram here:

KEY	EAR	COLOR	AIR
	RIGHT	RED	O
	LEFT	BLUE	X