Indiana University Health

Audiology & Speech/Language Pathology
Rehabilitation Services
Riley Hospital for Children at IU Health

Suite 0860
705 Riley Hospital Dr. 317.944.8868 Audiology Clinic
Indianapolis, IN 46202 317.962.9834 Fax

Audiology Referral Form

Patient Name:_____ DOB:_____ MRN:_____

Address:_____ Parent/Guardian/Foster:_____

Phone:_____ ALT Phone:_____

Referring MD:_____ Dept:_____ Contact Person:_____

MD Phone:_____ Fax:_____

Reason for Referral:

DIAGNOSIS: _____ICD-10: _____

*****PLEASE MARK TEST BELOW*****

☐ **Behavioral Audiogram:** Frequency specific testing done in soundproof booth. The child must have a developmental age of at least 6 months. Child should be alert for testing. Testing takes about 30 minutes.

☐ **Unsedated ABR (Auditory Brainstem Response):** This test is primarily recommended for infants who did not pass the newborn hearing screening. The baby must be 5 months adjusted age or younger. The baby must sleep soundly for approximately 45 minutes.

☐ **Sedated ABR (Auditory Brainstem Response):** The child must be 6 months adjusted age. This test is recommended only if a Behavioral Audiogram has been unsuccessful. The Audiology sedation nurse will call family to perform health screen, schedule, and review pre-test instructions, which must be followed (NPO and possible sleep deprivation). If needed, testing may be set up with anesthesia due to health history of child. Child needs healthy ears in order for testing to be done accurately. ***If referring for a Sedated ABR, physician is agreeing that this form will suffice for a referral to ENT at Riley to evaluate and treat as needed and/or Audiogram testing if indicated, after evaluation by sedation nurse and/or Audiologist.***
*****Sedated ABRs: ATTN: Lisa Reinke, RN 317-944-8080 (fax) 317-948-4814 (phone) *****

X_____ **X**_____
Referring Physician Signature **Date**

12/10/2015
This order is valid for six (6) months from the date ordered