

BONE CONDUCTION AMPLIFICATION (BCA) REFERRAL INFORMATION



REC166-V01-08/13

Fax this form to: iRSM™ Patient Scheduling | F // 780-735-2658 P // 780-735-2660

Please direct questions or concerns to: E // irms@albertahealthservices.ca W // www.irms-canada.com/research/bone-conduction-amplification.htm

1. Referring Clinician Information Date:

Clinician		Clinic name		Position (i.e., Physician, Audiologist, HA dispenser, etc.)	
Address		City	Province/state	Country	Postal code/zip code
Phone	Fax	Email			

2. Patient information

Last name		First name		Middle	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth	Age	Gender	Provincial Health Number		
Address		City	Province/state	Country	Postal code/zip code
Home phone		Work phone	Email		
Parent/Guardian name (if patient under 18 years of age)		Address and contact information: <input type="checkbox"/> Same as above			
Address		City	Province/state	Country	Postal code/zip code
Phone	Fax	Email			

OFFICE USE ONLY

Completed by:	Date of file creation: MM DD YY	Patient No.: <input type="text"/>
Audiogram received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of province patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Status Reviewed by: Recommendations: _____ _____ _____		Coding <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> S
Confirmation sent to referral source: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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3. Hearing Loss Details

Please give a history of main complaint(s) (if known)?

IMPORTANT NOTE: pure bilateral sensorineural hearing loss is a contraindication for Baha®

4. Otologic and Audiologic Conditions

Otologic and audiologic conditions that may have indications for Baha® use divided into categories for Baha candidacy.

Please check which are applicable.

1 Air Conduction Hearing Aid Contraindicated	2 Canal or Middle Ear Surgery Contraindicated	3 Unilateral Hearing Loss
<input type="checkbox"/> Congenital bilateral atresia	<input type="checkbox"/> Repeated surgery fails to close air-bone gap; Baha reliably closes air-bone gap	<input type="checkbox"/> Congenital unilateral atresia
<input type="checkbox"/> Chronic draining ears that are unresponsive to treatment	<input type="checkbox"/> Conductive or mixed hearing loss in only hearing ear. Risk of damaging only remaining ear; Baha is a safe alternative	<input type="checkbox"/> Acquired unilateral conductive or mixed hearing loss
<input type="checkbox"/> External ear canal irritation	<input type="checkbox"/> Total absence of ossicular chain and/or insufficient tissue to reconstruct ossicular chair	<input type="checkbox"/> Congenital profound unilateral sensorineural hearing loss (often called single sided deafness in the Baha literature)
<input type="checkbox"/> Large mastoid cavity resulting from mastoidectomy		<input type="checkbox"/> Single sided deafness resulting from VIIIth nerve tumor or tumor resection
<input type="checkbox"/> Postoperative ear defects (absence of pinna, closure of ear canal) resulting from temporal bone resection		<input type="checkbox"/> Sudden unilateral sensorineural hearing loss
<input type="checkbox"/> Excessive occlusion effect		

5. Required Information

- This referral is accompanied by an audiogram that has been completed (preferably by an audiologist) within the last six months.**
- This referral also includes any relevant correspondence or documentation that might be helpful for our records (e.g. previous hearing tests, surgical information, imaging etc.).**
- Please select if you would like confirmation sent by mail to the referring clinician once the referral has been received and reviewed.