



Otologic Function Unit
600 University Avenue, Suite 201
Toronto, Ontario, Canada M5G 1X5
t 416-586-5018 f 416-586-4807
e audiology@mtsinai.on.ca

MS 622 (Rev 08.2008)

OFU ID #

Clearly imprint patient identification card

Your appointment is on _____ at _____
(YYYY MM DD) (HH:MM)

at **Mount Sinai Hospital**, 600 University Avenue, Toronto, Ontario M5G 1X5

- Room 201** Take elevator to Level 2 (one floor below main [ground] floor). Follow signs to Hearing and Balance Unit.
- Room 405** Take escalator or elevator to Level 4, follow signs to Audiology.

Directions

- Mount Sinai Hospital is on the west side of University Avenue, between College and Dundas.
- The closest subway is Queen's Park, on the University line at College. Walk south to Mount Sinai Hospital.
- Parking (pay) is behind the hospital on Murray Street, one block west of University Avenue, north off Elm Street.

Instructions

- You must **bring this form to your appointment**. Call **416-586-5018** to cancel or re-schedule.
- **Bring your Mount Sinai Hospital card**. If you do not have one, go to Admitting on the Main Floor at least 15 minutes before your appointment time, to get a card.
- **If you are having a Balance (Vestibular) Test** – Avoid alcohol and medications for dizziness, sleeping pills and relaxants for 48 hours before the test. Talk to your doctor if unsure about what to avoid. For 2 hours before the test, take no food or drink except water, unless medically necessary. Wear loose, comfortable clothes. Do not wear makeup, sunscreen or moisturizers.
- **We will call to confirm your appointment**. If we cannot reach you, we will leave a message on a recording or with a family member. *If you would prefer we do not phone you, please contact our office immediately.*

This section to be completed by referring physician only

Referring physician _____ Signature _____

Provisional Dx _____ Date _____
(YYYY MM DD)

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|-------------------------------|---|--|--|
| TMs Intact? | Right Ear <input type="checkbox"/> Yes <input type="checkbox"/> No | Left Ear <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Vestibular Tests | <input type="checkbox"/> ENG with water calorics TMs must be intact | <input type="checkbox"/> Water calorics only TMs must be intact | <input type="checkbox"/> ENG with air calorics TMs vulnerable or NOT intact |
| Audiometric Tests | <input type="checkbox"/> Basic Hearing Tests | <input type="checkbox"/> Basic Hearing Tests excluding immittance | |
| Evoked Potentials | <input type="checkbox"/> ABR | <input type="checkbox"/> ECochG/ABR TMs must be intact | <input type="checkbox"/> Cortical EPs (threshold) |
| Hearing Rehabilitation | <input type="checkbox"/> Consultation Not covered by OHIP Please contact our office for fees; may include questionnaires, hearing aid selection, assistive listening devices, communication training, counselling. Hearing aid contraindicated <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear | | |