TEXAS HEARING INSTITUTE

REFERRAL/ CONSULTATION REQUEST

FAX: 713-523-8399 ◆ PH: 713-523-3633
Scheduling@texashearing.org

REFERRING PROVIDER INFORMATION

Referring Provider: _____ NPI #: _____

Facility: _____ Contact Ph: _____

Concerns/Suspected Diagnosis (ICD codes): _____

If known, hearing loss type/severity: _____ ☐ No known hearing loss

Concerns/Add'l Notes:

***Provider Signature: _____ Date: _____**

MEMBER INFORMATION

Patient's Name: _____ DOB: _____ ☐ Male ☐ Female

Parent/Guardian's Name(s): _____ Preferred Lang: ☐ English ☐ Spanish

Address: _____ City/ST/Zip: _____

Email(s): _____ Ph #: _____

Insurance/MCD: _____ ID #: _____ Gr #: _____

Policy Holder: _____ DOB: _____

PCP: _____ Ph: _____ Fax: _____

SERVICE PROVIDER:

Provider/Facility: **Texas Hearing Institute** (NPI: 1831239143)

SERVICE(S) REQUESTED:

Audiology Clinic

- ☐ Diagnostic ABR (Non-Sedated)
- ☐ Behavioral Hearing Test
- ☐ Hearing Aid Exam & Selection
- ☐ Hearing Aid Checking/Fitting/Orientation
- ☐ CI Mapping/Programming
- ☐ Cochlear Implant (CI) Evaluation
- ☐ BAHA Trial & Eval
- ☐ Other: _____

Speech Clinic

- ☐ AVT / Speech Evaluation for Therapy *(hearing loss patients)*
- ☐ AVT / Speech Evaluation for Cochlear Implant Candidacy
- ☐ Speech Therapy *(no known hearing loss)*

LOCATIONS:

Texas Hearing Institute: Main
3100 Shenandoah St
Houston, TX 77021

Texas Hearing Institute: Stafford
123 Parc Crest Dr
Stafford, TX 77477

Texas Hearing Institute: Tomball
1431 Graham Dr
Tomball, TX 77375

**** TO EXPEDITE SCHEDULING, PLEASE SEND ONE OF THE FOLLOWING:**

Included in referral: ☐ ABR Report ☐ Audio Report ☐ Signed Records Request Form