

HEARING REFERRAL LETTER
SAMPLE

DATE: _____

Dear Parent/Guardian:

Your son/daughter _____ recently failed a hearing screening and may have a hearing problem. You may already be aware of this possible problem and are taking steps to correct it. If not, a medical examination is recommended. Please contact me to discuss the suspected problem.

Many hearing losses today may be corrected before they become serious. While some individuals have a temporary hearing loss during a cold or other infection, it is important that the cause of such a temporary loss be determined and treated to protect the individual's future hearing.

Nurse

School

EXAMINING PHYSICIAN
(Please complete and return to the school nurse.)

Name _____ School _____ Grade _____

Diagnosis _____

Prescribed Treatment _____

Additional Medical Recommendations:

Prognosis: Stationary _____ Will improve _____ Progressive _____ Intermittent _____

Educational Recommendations:

Do you advise any of the following educational recommendations for the student?

Speech reading _____ Auditory Training _____ Use of hearing aid or amplifier _____

Date of Examination: _____ Examiner _____ M.D. _____

Date of Return Visit: _____

NOTE: Please complete and return to the school nurse. Thank you.

Address _____

Fax _____