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Children's of Alabama

Office Use Only:
MR identification label

The Charity League Hearing and Speech Center

Referral for Hearing and/or Speech Evaluation
Appointments: Call (205) 638-7527

Physician Office Instructions: <u>This form must be faxed to the Scheduling Office at (205)638-3680</u> prior to the patient's appointment.

Patient Name: _____ **Birthdate:** _____

Parent(s) : _____ **Phone(s):** _____

Referring Physician: (please print) _____

Referring Physician Address: _____ **Office Phone:**_____

_____**FAX:**_____

Please note: Reason for referral, diagnosis and physician's signature are required from the physician's office prior to the patient being seen in the Hearing and Speech Center.

Patient referred for:

☐ **hearing test** ☐ **speech-language evaluation** ☐ **vestibular evaluation** ☐ **modified barium swallow study**

Reason(s) for referral:
(check any and all that apply)

☐ **failed hearing test in office/at school**
☐ **failed newborn hearing screen**
☐ **parent/teacher concern of hearing loss**
☐ **recurrent and/or chronic ear infections**
☐ **dizziness/ spinning sensation**
☐ **abnormal resonance or voice**
☐ **limited expressive language**
☐ **speech difficult to understand**
☐ **feeding/swallowing difficulties**
☐ **difficulty understanding language**
☐ **history of concussion/brain injury**
☐ **stuttering**
☐ **other (aphasia, apraxia, AAC, etc):**_____

☐ **previously received speech language evaluation** **If so, give location and date**_____

☐ **previous/present speech language therapy** **If so, give location**_____

Diagnosis (please include ICD-10 code): _____

Type of Insurance: _____ **Insurance Number**_____

Physician signature: _____ **Date:**_____ **Time:**_____

Children's Hospital (Clinic 2)
1600 7th Avenue South
Birmingham, AL 35233
Phone (205) 638-9149

Children's South
1940 Elmer J. Bissell Road
Birmingham, AL 35243
Phone (205) 638-9149

Children's on 3rd Outpatient Center
1208 3rd Avenue South
Birmingham, AL 35233
Phone (205) 638-7500

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