Audiology Referral Checklist

Hearing/Tinnitus Evaluation & Hearing Aid Services

To avoid scheduling delays, please submit all required documentation with the referral.

Patient Information

☐ Patient full legal name

☐ Date of birth

☐ Phone number(s)

☐ Mailing address

☐ Preferred language/interpreter needs

☐ Insurance information included

☐ Reason for Referral

Referring Provider Information

☐ Provider name and credentials

☐ Clinic/practice name

☐ Phone number

☐ Fax number

☐ Contact person for referral questions

Clinical Documentation (if available)

☐ Most recent provider office note

☐ Relevant medical history

☐ Current medication list

☐ Allergy list

☐ Prior audiogram(s)

☐ ENT notes

☐ Imaging reports (MRI/CT)

PLEASE NOTE: The UVM Eleanor M. Luse Center is **NOT** affiliated with UVM Medical Center. We do not have access to Epic or MyChart. Please keep this in mind when sending referrals and patient records.

Referrals can be faxed to 802-656-2528.