

# *Whisper* Audiology

Hearing Clinic

**Jasmin Dhaliwal, Audiologist**

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

Physician name: \_\_\_\_\_

Please indicate reason for referral:

- Hearing Aid Evaluation/Trial       Tinnitus counselling
- Hearing Screening/Baseline Audiogram

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please indicate if a copy of our findings should be sent to physician

**Stoney Creek • 905-643-4999**  
2-621 Barton St.

**Milton • 365-877-8999**  
3-86 Main St. E.