Cincinnati Children's

Cochlear Implant (CI) Referral Form
Division of Audiology

Child's Name: _____
DOB: _____
MRN: _____

Check one: ☐ **Obtaining information / CI Consult only** ☐ **Interested in CI evaluation for: Unilateral**
☐ **Simultaneous Bilateral** ☐ **Sequential Bilateral**

Patient History:

Degree and type of Hearing Loss: _____

Date of Diagnosis: _____ Was patient diagnosed by CCHMC? _____

Etiology: _____

Child's other pertinent medical history: _____

_____

ENT: _____ PCP: _____

Managing Audiologist: _____

CI Packet given to the family? ☐ Yes ☐ No

Communication/Learning:

Mode of communication: _____ Sign interpreter needed: ☐ Yes ☐ No

Educational placement: _____

Type of classroom: ☐ hearing-impaired ☐ resource room ☐ mainstreamed

Does the child receive early intervention services, if so, with who?: _____

Enrolled in Speech Therapy? ☐ Yes ☐ No Where/with whom? _____

Enrolled in Aural Rehab? ☐ Yes ☐ No Where/with whom? _____

Level of parent/patient interest in a CI: ☐ Very ☐ Somewhat ☐ Not interested

Hearing Aid History:

Type of HA's: _____

Date of HAF: _____ Age of pt. at HAF: _____

How long has the patient worn HA's: _____ Consistent HA use: ☐ Yes ☐ No

Unaided SAT: _____ Aided SAT: _____ Method: _____

Unaided WDS: _____ Aided WDS: _____ Method: _____

Has speech in noise testing been completed? ☐ Yes ☐ No Results: _____

Cochlear Implant History (if applicable):

Type of CI: _____ Side: ☐ Right ☐ Left

Did patient receive first CI at CCHMC? ☐ Yes ☐ No If no, where? _____

Date of 1st CI activation: _____ Age of 1st CI: _____

How long has the patient worn CI: _____ Consistent CI use: ☐ Yes ☐ No

Length of contralateral HA use: _____

SAT/SRT CI side: _____ WDS CI side: _____

SAT/SRT aided contralateral: _____ WDS aided contralateral: _____

Signature Print Name Time/Date

Please attach most recent unaided/aided audiogram.

Please mail or fax to:
Cochlear Implant Program Coordinator, Children's Hospital Medical Center, 3333 Burnet Ave. ML 2002, Cincinnati, OH 45229
Fax: 513-636-7316, Phone: 513-636-4236