

BC Adult Cochlear Implant Program

St. Paul's Hospital Department of Audiology
2600-1081 Burrard St.
Vancouver, BC V6Z 1Y6

Phone: 604-806-9616

Fax: 604-806-8435

Email: ci@providencehealth.bc.ca

Website: <https://cochlearimplant.providencehealthcare.org/>

Cochlear Implant (CI) Referral Document Checklist

Dear Patient,

- Please complete the CI Questionnaire and the CI Dizziness/Balance Questionnaire.
- Using this CI Referral Document Checklist, ensure that all required documents have been completed and compiled into a single package.
- Once the referral package is complete, fax or email to the Cochlear Implant program.
- **Incomplete referral packages will be rejected.**

	Responsible Person	Attached
Copy of Referral letter to Dr. Brian Westerberg (from a Family or ENT Doctor)	Patient	<input type="checkbox"/>
CI Referral Document Checklist	Patient	<input type="checkbox"/>
CI Questionnaire (12 page)	Patient	<input type="checkbox"/>
CI Dizziness/Balance Questionnaire	Patient	<input type="checkbox"/>
Current (within 6 months) Audiogram	Hearing Aid/Care Provider	<input type="checkbox"/>
Historical Audiograms	Hearing Aid/Care Provider	<input type="checkbox"/>

If you have any questions, do not hesitate to reach out to the CI Clinic.

Sincerely,

BC Adult CI Program Team