

ໜັງສືນຳສົ່ງໄປກວດຫຼັກການຟັງສຽງ.

(Hearing Referral Letter — Laotian)

ຊື່: _____

ເຖິງພໍ່ແມ່ທີ່ຜູ້ປົກຄອງ:

ເພື່ອຈະປະຕິບັດຕາມຄຳສັ່ງຂອງກະຊວງສາທາລະນະສຸກ ຣັຖມິນີໂຊຕາ, ລູກຂອງທ່ານໃນໂຮງຮຽນໄດ້ຖືກ
ນັດໃຫ້ໄປກວດຫຼີ _____ ແລະກັບໄປກວດສືບອີກຄັ້ງສອງແມ່ນໃນວັນ _____.

ແຕ່ເຖິງຢ່າງໃດກໍບໍ່ໄດ້ໝາຍຄວາມວ່າລູກຂອງທ່ານນັ້ນມີບັນຫາໃນການຮັບຟັງສຽງທີ່ຫຼຸດລົງ.

ແຕ່ກໍເປັນການດີທີ່ທ່ານຄວນຈະພາເຂົາໄປຫາທ່ານໝໍທີ່ທ່ານໝັ້ນຊຸ່ວຊານ ດ້ານການຮັບຟັງສຽງນີ້ເພື່ອເພີ່ມຈະໄດ້ກວດໃຫ້ແນ່ນອນທີ່ສຸດ.

ຈົ່ງຖືເອົາໜັງສືນີ້ໄປນຳທ່ານໃນເມື່ອທ່ານພາລູກຂອງທ່ານໄປກວດ ແລະຈົ່ງບອກທ່ານໝໍກວດຫຼີລູກຂອງທ່ານນັ້ນ
ຂຽນປະກອບລາຍງານຕ່າງໆລົງຂ້າງລຸ່ມນີ້.

See the attached screening audiogram or tympanogram.

Please complete this portion of the form and send it at your earliest convenience to: _____

I have examined _____ and find the following:

MEDICAL

AUDIOLOGICAL

- Normal hearing
- Medically treatable
- Not medically treatable
- Outer ear
- Middle ear
- Inner ear
- Refer to audiology
- Further comments

- Normal hearing
- Conductive
- Mixed
- Sensorineural
- Refer to physician
- Amplification evaluation
- Further comments

Signed: _____

Signed: _____

Date: _____

Date: _____

HEARING REFERRAL LETTER

Name: _____

Dear Parent:

In keeping with the recommendations of the Minnesota Department of Health, your child's school class was screened for hearing on _____ and rescreened on _____.

Your child was unable to hear all of the screening sounds. Although the results do not definitely mean your child has a hearing problem, you are urged to take him/her to your physician and/or audiologist for further hearing evaluation.

Please take this letter with you when your child is examined and ask the examiner to complete the bottom half.

See the attached screening audiogram or tympanogram.

Please complete this portion of the form and send it at your earliest convenience to:

I have examined _____ and find the following:

MEDICAL:

- Normal hearing
- Medically treatable
- Not medically treatable
- Outer ear
- Middle ear
- Inner ear
- Refer to audiology
- Further comments

AUDIOLOGICAL:

- Normal hearing
- Conductive hearing loss
- Mixed hearing loss
- Sensorineural hearing loss
- Refer to physician
- Amplification evaluation
- Further comments

Signed: _____

Date: _____

Signed: _____

Date: _____