

CARTA DE REFERENCIA — AUDICIÓN

(Hearing Referral Letter — Spanish)

NOMBRE: _____

Estimado Padre o Representante:

En cumplimiento con las recomendaciones del Departamento de Salud de Minnesota, la clase a la que pertenece su hijo/a fue examinada con objeto de detectar problemas de audición el día _____ y reexaminada el día _____.

Si bien los resultados de la prueba no indican con absoluta certeza que su hijo/a tenga problemas de audición, se le recomienda que haga una cita con su médico y/o audiólogo para que realice una evaluación más completa.

Sírvase llevar esta carta con usted cuando examinen a su hijo /a y pídale a la persona que realice el examen que complete la parte inferior.

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
- Mixed
- Sensorineural
- Refer to physician
- Amplification evaluation
- Further comments

Signed: _____

Date: _____

Signed: _____

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

Signed: _____

Date: _____

AUDIOLOGICAL:

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

Signed: _____

Date: _____