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Patient's name	Appointment date (dd/mmm/yyyy)
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Complaints:				
Hearing loss	Dizziness	Balance	Tinnitus	
How long?		Constant	Intermittent	Sleep disturbance

Occupational noise exposure

Type of work	
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Hearing protection	No. of years exposure
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Noisy Hobbies/activities (e.g. hunting/snowmobiling)
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Guns: type	No. of years	Shoulder	Rounds per year
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Ototoxic medications: (please list)

Head injuries
Family history
Allergies
Ear surgery

On examination:	Yes	No
• external auditory canals	normal	
• tympanic membranes	normal	
• middle ear clefts	normal	
• audiograms (reading at 500, 1000, 2000, 3000 Hz)	enclosed	
• previous assessments	enclosed	
• previous audiograms	enclosed	

Diagnosis/findings

Other conditions/investigations

Health professional billing information

Health professional name	Health card no.	Code	Service code	M647
Address	City/Town	Province	WSIB provider no.	Your invoice no.
Health professional signature	Fax no.	HST registration no.		
Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.				HST amount billed

FEE CODE M650 for copies of previous Consultations Reports/Audiograms enclosed.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.