

**BC Adult Cochlear Implant Program**

St. Paul’s Hospital Department of Audiology  
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 Website: <https://cochlearimplant.providencehealthcare.org/>

**CI Referral Document Checklist**

Dear Patient,

- Please request a referral to Dr. Brian Westerberg from your family doctor or a Walk-In clinic to ensure your CI candidacy evaluation can be completed. You will need a copy of the referral letter to include in your referral package.
- You will need to schedule an appointment with your Hearing Aid Provider to complete the Hearing Aid Check Form and obtain the Real Ear Measurement tracings. If your hearing loss is deemed unaidable, please have this noted by a hearing care professional (audiologist or hearing instrument practitioner) in the Hearing Aid Check Form and Audiogram report.
- Please take the completed CI Questionnaire and the CI Dizziness/Balance Questionnaire to your hearing aid and/or test appointment.
- Using this CI Referral Document Checklist, ensure that all required documents have been completed and compiled into a single package and request your Hearing Aid/Care Provider to fax it to the CI Clinic.
- **Incomplete referral packages will be rejected.**

	Responsible Person	Attached
Copy of referral letter to Dr. Brian Westerberg	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"/>
Hearing Aid Check Form	Hearing Aid/Care Provider	<input type="checkbox"/>
Real Ear Measurement tracings	Hearing Aid/Care Provider	<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