

**BC Adult Cochlear Implant Program**  
 St. Paul’s Hospital Department of Audiology  
 2600-1081 Burrard St.  
 Vancouver, BC V6Z 1Y6

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 Email: [ci@providencehealth.bc.ca](mailto:ci@providencehealth.bc.ca)  
 Website: <https://cochlearimplant.providencehealthcare.org/>

**CI Referral Document Checklist**

Dear Patient,

- 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"/>
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