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wsib cspaat ONTARIO
Workplace Safety & Insurance Board
Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

200 Front Street West
Toronto ON
M5V 3J1

ENT Consultation Report

Patient's Name	Appointment Date (dd/mmm/yyyy)	Claim No.
start >		

Complaints:

☐ Hearing Loss ☐ Dizziness ☐ Balance

☐ Tinnitus | How long? | ☐ constant ☐ intermittent ☐ sleep disturbance

Occupational Noise Exposure

Type of Work

Hearing Protection	No. of years exposure

Noisy Hobbies/activities (e.g. hunting/snowmobiling)

Guns: type	no. of years	shoulder	rounds per year

☐ 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	☐	☐

		Yes	No
- audiograms (readings 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 (please print)	Health Card No.	Code
Address	City/Town	Prov.
Health Professional Signature	FAX No.	

Service Code	M647
WSIB Provider No.	
Your Invoice No.	
HST Registration No.	
HST Amount Billed	

Type your name and upload, or print and sign before returning to WSIB.

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

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