



Mailing Address:
Hear at Home c/o Canopy Integrated Health
3721 Delbrook Avenue #112, North Vancouver, BC, V7N 3Z4
Office: 778-340-1101 Email: customercare@hearathome.ca

Consent for a Hearing Assessment

PATIENT INFORMATION

[] Male [] Female

Name of Patient _____

Date of Birth (d/m/y) _____

Name of Care Home _____ Room #: _____

Patient Currently Wears Hearing Aids: [] No [] Yes

DVA (K number): _____

Please indicate hearing difficulties: _____

Person to call with exam results: _____

FAMILY / GUARDIAN

Name: _____ Relationship: _____

Email: _____ Phone: _____

FEE SCHEDULE

Payment due prior to or at time of test. Email address required for invoice with payment link & instructions. Call office for alternate arrangements if no email.

Home Visit/Audiological Hearing Exam Fee: _____

Method of payment: [] Visa/Mastercard [] E-transfer [] Cheque

NOTE:

- Ambient noise must be below 45 dBa in the testing environment. If the noise level exceeds this, an alternate location may be used.
• If the ear(s) are blocked with wax the patient will have to have the wax removed by the practitioner before a test can be administered.

My signing below, I confirm that I have read & completed the information in full. I confirm the Information provided is accurate to the best of my knowledge. I agree to pay the fee as outlined in the fee schedule prior to or at the appointment.

Name of person consenting to exam: _____

Signature: _____ Date: _____