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wsib ONTARIO

Mail To:
200 Front Street West
Toronto ON M5V 3J1

Or Fax To:
416-344-4684
OR 1-888-313-7373

NIHL Assessment Summary & Treatment Plan Form

To avoid delays, please complete in full printing in black ink.

start > Claim Number (If known)

A. Patient & Employer Information Section (Patient to Complete this Section)

Last Name	First Name	Init.

Address (no. street, apt.)

City/Town	Prov.	Postal Code	Telephone No.

Date of Birth dd mm yy	Date of Accident dd mm yy	Date of Assessment dd mm yy		Sex ☐ M ☐ F

If return to work is considered, has the employer been contacted? ☐ yes ☐ no

Employer Name	Supervisor/Contact Name

Address (no. street, apt.)

City/Town	Prov.	Postal Code	Telephone No.

B. Health Professional/Service Provider Billing Information

Health Professional/Service Provider Name (please print) | WSIB Provider ID.

Facility | Your Invoice No.

Address (no. street, apt.)

City/Town

Prov.	Postal Code	Fax No.	Telephone No.	Extension	Service Code
					NIHL01

C. Audiometric Assessment (include Audiogram)

SRT	R	dB	L	dB	UCL	R	dB	L	dB	MCL	R	dB	L	dB

Has **RECD** been completed ☐ Yes ☐ No

Are red flags present? (see list on page 2) ☐ Yes ☐ No

If yes, please list with Treatment Recommendation:

D. Rehab Needs Assessment (See Booklet For Details)

☐ Education (Explain Details)

☐ Orientation (Explain Details)

☐ Other (Explain Details)

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Last Name	First Name	Claim Number (If known)

E. Hearing Instrument Treatment Plan

Prescription required ☐ Yes ☐ No	Education on Hearing Aid use ☐ Yes ☐ No Education for expectation management ☐ Yes ☐ No	Orientation to Hearing Aid care and use ☐ Yes ☐ No
Explain		
Signature of Health Professional/Service Provider ***Please print, sign and date this form before returning to the WSIB***		Date dd mm yy

Red Flag List

- Sensorineural hearing loss with asymmetry in excess of 10dB in the average puretone thresholds for the sensorineural component at 1, 2 and 4 kHz
- History of recent injury to ear or head
- History of recent weakness of face
- History of drainage from the ear within the previous 90 days
- History of recent dizziness or vertigo
- Pain or discomfort in the ear within the previous 30 days
- A significant change in hearing within the previous 90 days (>10db or 12% change in recognition
- Audiometric air-bone gap equal to or greater than 15 decibels at 500 Hz, 1000 Hz and 2000 Hz
- Visible deformity of the ear (including perforation of the tympanic membrane)
- Suspicion of exaggerated hearing loss
- Excessive cerumen (wax) or a foreign body in the ear canal
- Any person that the hearing health care professional feels should be seen by a physician