

## **SAMPLE COGNITIVE SCREENING LANGUAGE FOR PHYSICIAN REFERRAL LETTER IN COMPREHNSIVE REPORT**

[Date]

Dear Dr. [Doctor Name],

Thank you for referring your patient, [Patient Name] [DOB] for an audiometric evaluation. His complaints and observations include difficulty understanding speech in noise. We tested traditional audiometric measures, speech in noise ability, evaluated his communication and listening ability, and performed a quick cognitive screening of three domains; executive function, visuo-spatial and memory characteristics.

### **Summary of Results:**

**Traditional audiometric measures** (see attached audiogram for air conduction, bone conduction, speech audiometry) indicate mild-moderate sensorineural hearing loss with normal middle ear function (indicated by Type A tympanograms and acoustic reflexes present within normal limits) consistent with presbycusis, bilaterally.

**Speech in Noise scores** (see attached speech in noise report...) confirm his observations that although he may often hear people speaking, he is unable to understand what they have said.

**Communication and Listening Assessment** (see attached HHIE, HHIA, APHAB, COSI, IOI...) confirm that in challenging acoustic situations he is unable to accurately and easily follow the conversation in the presence of background noise, multiple talkers, and when people are not facing him (to enable speech reading cues) or when people speak quietly.

**Cognitive Screening was evaluated with Cognivue Thrive®** (see report attached).

As [Patient Name] did not fall within the normative range on the [Insert Domain Name] domain, we are referring him to you for further evaluation and management. *Confirmatory testing to identify true cognitive impairment is recommended based on this positive screening result.*

If your office does not routinely perform cognitive testing, confirmatory tests are often provided by cognitive psychologists, psychiatrists, neuropsychologists, and neurologists.

### **ACTION PLAN:**

1. Trial period with amplification for bilateral presbycusis, with emphasis on improving the signal-to-noise ratio (SNR) in multiple acoustic environments, to make it easier for Mr. Hammer to engage and participate in challenging acoustic environments.
2. Referral to you for further evaluation and management.
3. Schedule follow-up visit ("hearing and check") in two weeks to re-assess, re-program, re-instruct (PRN) and problem-solve if/as needed regarding hearing aid amplification.

Thank you for this kind referral. If you have any questions, please do not hesitate to contact me.

Sincerely yours,

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[Dr. Name]

Audiologist State License #[number]

\*Yellow highlighted areas are sample content inserts to report on cognitive screening test.

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*Disclaimer: These sample letters are provided for you to use at your discretion, to help facilitate communication and referrals. Cognivue does not endorse or recommend specific language in your clinical communications.*