

AUDIOLOGY REFERRAL

Patients Name: _____

Address: _____

Tel: _____ D.O.B.: ____/____/____

Case Notes _____

Please ✓ as required:

Hearing Assessment

- Adult (PT Audiometry/Tympanometry)
- Child under 4yo (VRA/Tympanometry)
- Child over 4 yo (Play/Tympanometry)
- Speech Discrimination/Figure Ground (additional)

Hearing aids

- Advice/Discussion
- Hearing aid fitting
- OHS (DVA/Pensioner)

Ear plugs

- Swimmer/Sleep Plugs
- Musician's ear plugs
- Noise Protection/Shooters

Diagnostic Audiology

Pediatric Audiology

Hearing aids and Digital Hearing Systems

FREE hearing aids for pensioners and veterans

Custom ear plugs (musicians, swimmers, shooters, sleep and noise protection)

Medicare subsidy with GP / ENT / Otoneurology Referral or Chronic Disease Management Plan



Brighton ENT and Specialist Centre
161 North Road
Brighton, Vic, 3186

Phone: (03) 9530 6120

Fax: (03) 8677 9515

Referrer Details/Stamp

Date ____/____/____

Provider No: