

AUDIOLOGY REFERRAL

Patients Name: _____

Address: _____

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

Case Notes _____

Please ✓ as required:

Hearing Assessment

- Adult (PT Audiometry/Tympanometry) Child
- under 3 yo (VRA/Tympanometry) Child
- over 3 yo (Play/Tympanometry)
- Speech Discrimination/Figure Ground (additional)

Hearing aids

- Advice/Discussion
- Hearing aid fitting
- Hearing Services Program (DVA/Pensioners)

Ear plugs

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

Referrer Details/Stamp

Date ____/____/____

Provider No:

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 ENT / Otoneurology Referral or Chronic Disease Management Plan



161 North Road Brighton 3186

9 Buckley Street Noble Park 3174

Phone: (03) 9530 6120

Fax: (03) 8677 9515