

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 ENT / Otoneurology Referral or Chronic Disease Management Plan



Referrer Details/Stamp _____ Date ____/____/____

Provider No: _____

- 280A Highett Road Highett Vic 3190
- 20 Douglas Street Noble Park Vic 3174
- Phone: (03) 9547 8202**
- Fax: (03) 9530 6180