

# AUDIOLOGY REFERRAL

Patients Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Notes \_\_\_\_\_

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## 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:

Suite 2, 197 Bay Street,  
Brighton VIC 3186

336 Carlisle Street,  
Balaclava VIC 3183

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