

Medical Practitioner Referral for Hearing Services

Date:

/ /

Patient information:

Title:

First Name:

Surname:

Address:

Phone Number:

Provide the following hearing services:

Audiological Assessments

- ☐ Diagnostic Hearing Assessment
- ☐ Tympanometry
- ☐ Hearing test (Pre-employment)
- ☐ Baseline and Monitoring
- ☐ Report Required

Specialised Services

- ☐ Ear wax removal (Micro Suctioning)
- ☐ Tinnitus treatment or assessment

Hearing aid services

- ☐ Hearing aid assessment
- ☐ Hearing aid fitting and hearing rehabilitation
- ☐ Review

Hearing Protection

- ☐ Noise attenuating plugs
- ☐ Musician ear plugs
- ☐ Swimming plugs

Are there medical contraindications to the fitting of a hearing device

☐ YES ☐ NO

Comments:

Referral Source and Contact Details:

Medical Practitioner Stamp