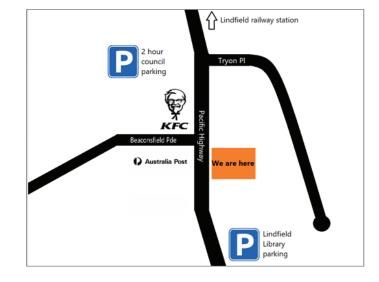


AUDIOLOGY REFERRAL

Patient Name:	Date of Birth:
Address:	
Referring Doctor	
Name:	Provider Number:
Address:	Signature:
	Date:
Hearing tests Standard hearing assessment (3y to adult) Paediatric hearing assessment (6m - 3 y)	Hearing and hearing protection devices Hearing aid assessment / fitting / adjustment Custom ear plugs (noise / swim)
 Objective auditory tests Otoacoustic Emissions (OAEs) Auditory Brainstem Response (ABR) Cortical Evoked Response Audiometry (CERA) Electrocochleography (ECochG) 	Vestibular tests Video Head Impulse Test (vHIT) Vestibular Evoked Myogenic Potentials (cVEMP and oVEMP) Videonystagmography (VNG) Caloric test (bithermal air)
Hearing implant services Hearing implant candidacy assessment (includ Programming and aftercare of a hearing implan	

Clinical Notes



Bookings: (02) 9188 9280

Lindfield NSW 2070