All Ears Hearing

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# PATIENT REFERRAL FORM

An audiology clinic specialising in the treatment of all types and severity of **tinnitus**, **sound sensitivity** and **auditory processing disorders**, in addition to general audiology services.

## 1 REFERRING PRACTITIONER

PRACTITIONER NAME

PRACTICE / CLINIC

PROVIDER NUMBER

PHONE

FAX / EMAIL

DATE OF REFERRAL

## 2 PATIENT DETAILS

FULL NAME

DATE OF BIRTH

CONTACT NUMBER

SUBURB

## 3 REASON FOR REFERRAL

tick all that apply

### SERVICES

- ☐ Clinically relevant tinnitus requiring treatment
- ☐ Tinnitus retraining therapy
- ☐ Sound sensitivity requiring treatment
- ☐ Hearing aids discussion and fitting
- ☐ Low gain hearing aids fitting
- ☐ Counselling for individuals with hearing loss
- ☐ Ear wax microsuction / foreign body removal / outer ear debris suction during active infection

### ASSESSMENT AND TESTS

- ☐ Full audiology assessment
- ☐ Paediatric hearing assessment
- ☐ Non-bothersome tinnitus for assessment and opinion
- ☐ Auditory processing disorder assessment
- ☐ Auditory brainstem response and OAEs
- ☐ Auditory steady state potential (for threshold estimation where the patient cannot respond)
- ☐ Cochlear implant candidacy assessment

☐ Other: _____

## 4 CLINICAL NOTES

- Please forward any imaging done for these symptoms and a copy of the audiogram if available.
- A Medicare rebate of up to $80 may be available on assessment appointments. **We do not bulk bill.**

REFERRING PRACTITIONER SIGNATURE

DATE

Suite 1, Level 1, 407 Blackburn Rd **Mount Waverley**, VIC 3149 (Pinewood Shopping Village)
869 Centre Rd **Bentleigh East**, VIC 3165 (Near Moorabbin Hospital)
Shop 4, 2456 Warburton Hwy **YarraJunction**, VIC 3797