

Audiology Referral Form



Date

Client's name

D.O.B

Contact number

Does the client hold a Centrelink Pension or DVA card? Yes No

Does the client require an interpreter? Yes No

If yes, please specify preferred language:

Are there any contraindications for fitting a hearing device? Yes No

Reason/s for referral and relevant medical conditions:
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Is the client feeling socially isolated? Yes No

Does the client require a home visit? *Available for immobile patients only* Yes No

Referring Practitioner signature

Medicare provider number

Date

Referring Practitioner *Print or stamp*

Services required

- Wax removal via suction
- Audiology assessment (inlc. speech and tympanometry)
- Hearing rehabilitation and management (may incl. fitting hearing aids)
- Tinnitus assessment and rehabilitation
- Social and emotional supports
- Custom earplugs
- For vesitbular assessments please see our website for referral process

Contact us to make an appointment

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