

Patient Referral Form

Name	DOB	
Address		
Telephone	Email	
Pension No	DVA No	Private Health Fund

Hearing Implant Candidacy Assessment

Cochlear Implant	Middle Ear Implant
Electric Acoustic Stimulation	Auditory Brainstem Implant
Bone Conduction Implant	

Vestibular Assessment

Diagnostic Vestibular Assessment including VNG, Calorics, VEMP, vHIT	
Diagnostic Vestibular Assessment plus ECoChG	Superior Canal Dehiscence Assessment
Diagnostic Vestibular Assessment plus BBPV	

Other Assessments

Auditory Brainstem Response Testing ONLY	Otoacoustic Emission Testing ONLY
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Medicare and DVA funding available. Call us for eligibility information.

Referring Clinician	Reason for referral
Provider number	
Address	
Email	
Telephone	

Please attach most recent audiogram, REMs and other relevant information to the referral.

Referrer's signature

Date

How to book your appointment

CALL 1800 054 667 **ONLINE** earsienceimplantclinic.org.au **EMAIL** hello@earsience.org.au