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 Brainstream Response Testing ONLY
- ☐ Otoacoustic Emission Testing ONLY

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 1300 84 70 80 **ONLINE** earscienceclinic.org.au **EMAIL** info@earscienceclinic.org.au

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