

**REFERRAL FORM**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

**Appointment Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**SERVICES REQUIRED**

- AUDIOGRAM  
(incl. Tympanometry)
- BALANCE TESTS  
VIDEO OCULOGRAPHY  
(incl ENG/Caloric/VEMP tests)
- A.B.R.  
(Auditory Brainstem  
Response Test)
- ECoChG  
(Electrocochleography)
- CERA  
(Cortical Evoked  
Responses Audiometry)
- PRE-EMPLOYMENT TESTING
- EAR PLUGS  
(Swimmers/Musicians/Noise)

- HEARING AID ASSESSMENT
- COCHLEAR IMPLANT ASSESSMENT
- BAHA (Bone Anchored Hearing  
Aid) Assessment

**PAEDIATRIC TESTING:**

- PLAY AUDIOMETRY/VROA  
(incl. Tympanometry) < 5yr olds
- O.A.E. TESTS  
(Oto-Acoustic Emission Tests)
- CAPD Central Auditory  
Processing Assessment

Reason for Referral \_\_\_\_\_

Referring Doctor's Signature \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

- **Please ensure ears are free of wax.**
- Bulk billing available for aged pensioners and DVA clients.
- Please phone the **Westside Hearing Clinic on 9749 4444** at least 24 hours before the appointment if an alternative time is required or if cancelling appointment.
  
- **Requirements for E.N.G. testing are as follows:**
  - No alcohol to be taken at least 24 hours before the test.
  - Cease or reduce smoking for 24 hours before the test.
  - No drugs for dizziness (e.g. Stemetil, Marzine, Ancolan, etc) to be taken for at least 3 days before the test.
- No sleeping pills or sedatives (e.g. Valium, Serepax, Mogadon etc) to be taken for at least 3 days before the test.
- Medication for other medical conditions should be continued.

