

**YOUR NEXT APPOINTMENT IS ON:**

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_ : \_\_\_ am pm

Clinic

**Patient Details**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ 

Phone (H) \_\_\_\_\_ Mobile \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**Clinical History****Hearing Assessment and Rehabilitation**

- Hearing Assessment (from 9 months of age; includes audiometry, middle ear function, speech audiometry and if clinically indicated, otoacoustic emissions).
- Medicolegal
- Pre-Employment Hearing Assessment

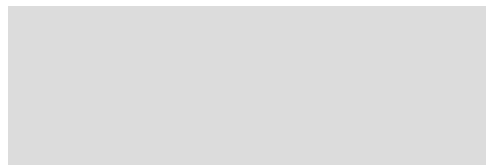
**The following services include a diagnostic hearing assessment:**

- Hearing Aid Assessment
- Cochlear Implant Assessment
- Bone Conduction Implant Assessment
- Tinnitus Assessment
  - Tinnitus Management Program
- Auditory Processing Assessment (>6 years)

**Referral to:**

Name \_\_\_\_\_

Provider # \_\_\_\_\_



Signature \_\_\_\_\_

**Balance and Electrophysical Assessment****The following services include a diagnostic hearing assessment:**

- Balance Assessment (vHIT, VEMP, VNG, Calorics)
- Electrocochleography, *Extratympanic* (ECOG)
  - Fistula Assessment
- Auditory Brainstem Response (ABR)

**Ear and Hearing Protection**

- Custom Swim Plugs
- Custom Musician & Noise Plugs
- Custom MP3 Earbuds

**Copy Report To:**

Name \_\_\_\_\_

Provider # \_\_\_\_\_

Referral Date \_\_\_/\_\_\_/\_\_\_