

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
- ☐ Hearing Aid Assessment
- ☐ Cochlear Implant Assessment
- ☐ Bone Conduction Implant Assessment
- ☐ Tinnitus Assessment
- ☐ Tinnitus Management Program

Ear and Hearing Protection

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

Referral from:

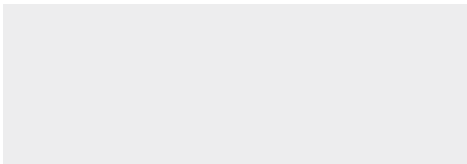
Name _____

Provider # _____

Copy Report To:

Name _____

Provider # _____



Signature _____ Referral Date ____ / ____ / ____



Tasmania ENT Surgeons we work with

Dr. D. McCormick

Tasmania Clinic Locations

SOUTH HOBART

Calvary St John's Hospital
Level 1, Block A
30 Cascade Road
SOUTH HOBART TAS 7004

Enquiries and referrals please

call **1300 965 513** or

visit **www.nsu.com.au**

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• North Lakes • Southport • Sunnybank • Toowoomba • Tugun

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