



## Referral form

### Patient's details

*(Please print)*

Name Mr / Mrs / Ms \_\_\_\_\_ Date of birth / / \_\_\_\_\_

Patient best contact number \_\_\_\_\_

### Referring Doctor's details

Dr \_\_\_\_\_ Provider number \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date / / \_\_\_\_\_

Does client hold Centrelink pension card or DVA gold card?  yes  no

Card number \_\_\_\_\_

### Services required

- Hearing Assessment - Adults (over 26)
- Hearing Assessment - Young Adult (18-26)
- Hearing Assessment - Paediatric (under 18)

Please include in testing:  Air Conduction Audiogram  
 Bone Conduction Audiogram  
 Speech  
 Tympanometry and Reflexes  
 Otoacoustic Emissions (OAEs)

- Hearings Aids
- Assistive Listening Devices and Aural Rehabilitation
- Tinnitus Consultation
- Work Compensation Assessment
- Auditory Processing Disorder Assessment
- Hearing Protection/Musician Plugs

Please ensure ears are free of wax

**Located at:** Adelaide, Blackwood, Brighton, Old Reynella and Welland.

To book for an appointment please phone 8100 8209 and specify which clinic you would like to attend.

For more information call us or visit [www.candohearing.com.au](http://www.candohearing.com.au) referral forms can be downloaded from this site into your software package.