



Perth Audiology & Dizziness

Diagnostic audiological care for hearing & balance health

Patient Referral (Healthlink referrals accepted only: PERTHADC)

Patient Name:

DOB:

Address:

Telephone:

Email:

Medicare No. / REF:

DIANOTISTIC AUDIOLOGY SERVICES REQUIRED (CIRCLE OR TICK)

- ☐ Functional Vestibular (balance) & Audiology Assessment

Required (please circle):
vHIT, VNG, Calorics, ECOG,
cVEMPS, oVEMPS, Dix Hall
Pike, ABR, Other _____

- ☐ Tinnitus Management (inc Hyperacusis, ABR (if no MRI completed))

- ☐ Hearing Aid Prescription, Fitting & Auditory Rehab.

- ☐ Ear cleaning (microsuction/dry curette)

- ☐ Diagnostic Audiology Assessment (adults, kids from 4yo)

- ☐ Auditory Brainstem Response (ABR)

Specific requirements, remarks, comments:

Referring specialist details

Specialist Name

Provider Number

Practice Name

Practice Email

Practice Telephone

Date of Referral

HOW TO BOOK YOUR APPOINTMENT

CALL / TEXT: 0481 777 104 || ONLINE: perthaudiology.com ||

EMAIL: hello@perthaudiology.com

Location: Perth Audiology & Dizziness 4/595 Canning Highway, Alfred Cove 6154