Perth Audiology & Dizziness

Diagnostic audiological care for hearing & balance health

Supervising Otolaryngologist: Dr. Paul Yuen

PATIENT REFERRAL (HEALTHLINK: PERTHADC)

Patient Name: DOB:

Address:

Telephone: Email:

Medicare No. / REF:

DIAGNOSTIC 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.

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

☐ Ear cleaning (microsuction/dry curette)

☐ Auditory Brainstem Response (ABR)

Specific requirements, remarks, comments:

REFERRING SPECIALIST DETAILS

Specialist Name: Provider Number

Practice Name:

Practice Email:

Practice Telephone: Date of Referral:

Medicare rebates available with GP, ENT or Specialist referral. Private health rebates may apply.

HOW TO BOOK YOUR APPOINTMENT

CALL / TEXT: 0481 777 104 ONLINE: perthaudiology.com EMAIL: hello@perthaudiology.com

Perth Audiology & Dizziness Clinic

4/595 Canning Highway, Alfred Cove 6154

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