

Patient Referral

Name:	DOB:
Address:	
Telephone: Email:	
Pension No. (CRN):	DWA No. (Gold or White card):
SERVICE REQUIRED - PLEASE TICK	
VESTIBULAR (BALANCE) ASSESSMENT	
Audiometry and vestibular assessment (balance and hearing test)	
CLINICAL SERVICES	TECHNOLOGY
Tinnitus management & audiological assessme	ent Hearing aid prescription & fitting
Adult audiological assessment	Hearing aid re-evaluation
Paediatric audiologist ax (from 4yo)	Assisted listening device
Ear wax removal (microsuction / curette)	OTHER
Industrial hearing assessment (workcover wa)	Swim/noise/musician custom plugs
Single sided / sudden hearing loss (please call	asap)
Specific Requirements / Comments:	
Referring Practitioner:	Provider no.:
Address:	
Telephone:	Date:
Medicare rebates available with GP, ENT or Specialist referral. Private health rebates may apply. Hearing Services Program and DVA subsidies available. Call us or visit our website for eligibility information.	

HOW TO BOOK YOUR APPOINTMENT

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