Audiology Request

Patient Name: ___________________________  DOB: __/__/____

CUSTOM EAR MOULDS
☐ Water Excluding Plugs (Swim)
☐ Noise Excluding Plugs (Ear-Defender)
☐ Musicians Filtered Plugs
☐ In-Ear Monitors / ComSet Adaptor
☐ Ear Impressions

PAEDIATRIC ASSESSMENT
☐ Hearing Assessment
☐ Auditory Processing Assessment (Age 7yrs+)

VESTIBULAR ASSESSMENT
☐ VNG / Calorics

ADULT ASSESSMENT
☐ Pre Employment / OH&S Assessment
☐ Hearing Assessment
☐ Hearing Aid Suitability Evaluation
☐ Tinnitus Rehabilitation & Management
☐ Auditory Processing Assessment
☐ Cochlear Implant Candidacy Assessment

ADULT REHABILITATION
☐ Hearing Aid Adjustment
☐ Commonwealth Hearing Services Program
☐ Cochlear Implant Adjustment
☐ Bone Conduction Implant Adjustment

ELECTROPHYSIOLOGICAL ASSESSMENT
☐ Transient Evoked Otoacoustic Emisions (TEOAEs)
☐ Distortion Product Otoacoustic Emissions (DPOAEs)
☐ Auditory Brainstem Response (ABR)
☐ Auditory Stead State Response (ASSR)
☐ Electrocochleography (EChoG)
☐ Vestibular Evoked Myogenic Potentials (VEMPs)

Referral Investigation: ___________________________

Referral Source: ___________________________

Provider Number: ___________________________ Date: ___________________________

Does the patient have a high risk of falling? Yes / No

Visiting Atherton, Innisfail, Mareeba & Mossman