



Audiology Request

Patient Name: _____ DOB: ____/____/____

Phone: _____ Email: _____

CUSTOM EAR MOULDS

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

ADULT ASSESSMENT

- Pre-Employment / OH&S Assessment
- Hearing Assessment
- Hearing Aid Suitability Evaluation
- Tinnitus Rehabilitation & Management
- Cochlear Implant Candidacy Assessment

ELECTROPHYSIOLOGICAL ASSESSMENT

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

PAEDIATRIC ASSESSMENT

- Hearing Assessment

VESTIBULAR ASSESSMENT

- VNG / Calorics
- vHIT (Video Head Impulse Test)

ADULT REHABILITATION

- Hearing Aid Adjustment
- Commonwealth Hearing Services Program (HSP)
- Cochlear Implant Adjustment
- Bone Conduction Implant Adjustment

Gerard Del Favero

Audiologist, MAudSA (CC)

Philippa Carter

Audiologist, MAudSA (CC)

Matthew Del Favero

Audiologist, MAudSA (CC)

Referral Investigation: _____

Referral Source: _____

Provider Number: _____ Date: ____/____/____

Visiting Atherton Allied Health, 7 McConaghie Street, ATHERTON, QLD 4883