



# AUDIOLOGY REQUEST

## PERSONAL INFORMATION

Patient Full Name : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_

## ADULT ASSESSMENT

☐ Hearing Assessment

☐ Hearing Aid Suitability Evaluation

☐ Tinnitus Rehabilitation & Management

☐ Cochlear Implant Candidacy Assessment

## PAEDIATRIC ASSESSMENT

☐ Hearing Assessment

## VESTIBULAR ASSESSMENT

☐ VNG / Calorics

☐ vHIT (Video Head Impulse Test)

## ELECTROPHYSIOLOGICAL ASSESSMENT

☐ Auditory Brainstem Response (ABR)

☐ Electrocochleography (EChoG)

☐ Vestibular Evoked Myogenic Potentials (VEMPs)

## WORKPLACE HEARING ASSESSMENT

☐ Australian Standard 1269.4 - 2014

☐ Commercial Driver's Licence

☐ CASA

## CUSTOME EAR MOULDS

☐ Water Excluding Plugs

☐ Noise Excluding Plugs

☐ Musicians Filtered Plugs

## ADULT REHABILITATION

☐ Hearing Aid Adjustment

☐ Hearing Services Program (HSP) for Eligible Pensioners & Veterans

☐ Cochlear Implant Mapping

☐ Bone Conduction Implant Adjustment

### PRINCIPAL AUDIOLOGISTS

**Philippa Carter**  
Audiologist, MAudSA (CC)

**Matthew Del Favero**  
Audiologist, MAudSA (CC)

For Investigation : \_\_\_\_\_

Referral Source : \_\_\_\_\_

Provider Number : \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_