

Referral

Audiology Assessment

Referral type

Paediatric Audiology, including:

- Puretone audiometry
- Acoustic impedance
- Otoacoustic emissions
- Speech audiometry

Electrophysiological studies, including:

- Auditory brainstem response (ABR)
- High probe tone tympanometry
- Otoacoustic emissions

Patient details

Patient name: _____

Date of birth: _____ Phone: _____

Interpreter required Yes / No

Language: _____

Presenting history (please attach presenting history)

Referring doctor

Referral date: ____ / ____ / ____

Referrer name: _____

Provider number: _____

Referrer signature: _____

Hospital sticker/practice stamp/address and contact details