

# Medical Referral

## Audiological Assessment

### Referral type

 Paediatric audiology:

- Audiometry
- Tympanometry
- Otoacoustic emissions
- Speech audiometry

 Electrophysiological studies, including:

- Auditory Brainstem Response (ABR)
- High probe tone tympanometry
- Otoacoustic emissions

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### Patient details

Patient name

Date of birth

Phone

Email

Address

Interpreter required     Yes     No

Language

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### Reasons for referral (please attach any presenting history and relevant results)

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### Referring doctor

Referrer name

Provider number

Address

Email

Phone

Referral date

Signature