THE AUDIOLOGY PLACE

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Referral for Audiological Services

Date:

Patient Name:

Patient DOB:

Reason for referral:

☐	Paediatric audiological assessment (6mnths-3yrs)	☐	Sudden Hearing Loss **(call ASAP for same-day appt)**
☐	Paediatric audiological assessment (3yrs+)	☐	Auditory Processing Assessment (7yrs+)
☐	Adult audiological assessment	☐	Hyperacusis/Misophonia assessment
☐	Pensioner/DVA audiological assessment	☐	Tinnitus evaluation and rehabilitation
☐	Hearing aid prescription and fitting	☐	Wax removal
☐	Pre-employment/workplace hearing tests	☐	Custom plugs (swimming plugs, sleep/noise plugs)

Referred by: