

# Hearing Services Referral

## Referral for Hearing Services

### Referring Doctor *(Please Print or Stamp)*

Name: \_\_\_\_\_

Medical Centre: \_\_\_\_\_

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

### Adult Patient Details\*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

\_\_\_\_\_

Private     Veteran     Pensioner

### Please Conduct The Following

- Free Hearing Screening Only**
- Comprehensive Hearing Assessment**
- Hearing aid/s Consultation and Rehabilitation**
- Tympanometry**
- Pre-employment Assessment** (Confirmation letter from employer required)
- Noise Reduction Plugs or Swimmers Ear Plugs**
  
- Full Report Required**
- Urgent Appointment Required**

*Audio Health is accredited to provide free hearing services to Pensioner and Veteran Affairs Clients  
(\* Audio Health only assesses clients over 16 years of age)*

Referral sheets can also be downloaded  
from [www.audiohealth.com.au](http://www.audiohealth.com.au)

**Free Call: 1800 301 231**

Phone: (07) 4041 7860 Facsimile: (07) 4041 7850

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Email: [info@audiohealth.com.au](mailto:info@audiohealth.com.au) Web: [www.audiohealth.com.au](http://www.audiohealth.com.au)

ABN: 28 127 284 922

CAIRNS - ATHERTON - INNISFAIL - PORT DOUGLAS - TOWNSVILLE - MACKAY