

Referral Form for Adult Audiology

Date

Patient name
Mr / Mrs / Ms

Date of birth **Phone number**

Does patient hold Centrelink Pension card or DVA card?

Accredited Provider under the Australian Government Hearing Program, free hearing tests and free or subsidised hearing aids to eligible people.
Reduced Price Scheme for other low-income earners, conditions apply.

Reason for referral and/or relevant medical conditions

Referring Practitioner (print or stamp) **Provider number**

Services required

- Audiological assessment (incl. speech and tympanometry) Assistive listening devices
- Hearing loss advice and rehabilitation Earplugs for swimming, musicians, noise
- Tinnitus assessment and management Other.....

Box Hill • East Melbourne • Oakleigh • Frankston • Geelong • Lilydale • Preston

Contact us to make an appointment

Phone. 1300 30 20 31
SMS/Facetime. 0402 217 586
Email. audiology@expression.com.au
audiology.expression.com.au

Expression Audiology provides independent quality services tailored to your needs. Our staff do not receive commission on sales. All proceeds go to services for deaf and hard of hearing Victorians.