

Audiology

Referral

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Send referral to:  EMAIL: admin@bundaberghearing.com.au or  FAX: 07 3130 4453

Patient Name: _____ DOB: _____

Patient Address: _____

Patient Phone: _____

Referring Doctor: _____ Provider #: _____

COMMENTS:

There are no contraindications for Hearing Aid fitting (both / L / R)

Doctor's Signature: _____ Date: _____

Adult Hearing Assessment (Pure Tone Audiometry, Speech Audiometry, Immittance/Middle Ear testing. Sudden hearing loss should be evaluated immediately)

Adult Hearing Aids & Rehabilitation (All adults over 25yr)

Tinnitus and Sound Intolerance Assessments & Management (e.g. Hyperacusis, Misophonia, when sound hurts or irritates)

Complex hearing case management including optimising hearing aids for unhappy users

Ear wax removal by Microsuction (Softening may be required beforehand)

Paediatric Hearing Assessment Aged 3+ (Play Audiometry/Pure Tone Audiometry, Speech Audiometry, Immittance testing. Referral should specify if assessment is part of ASD diagnosis)

Central Auditory Processing Disorder Assessment (Age 7+ for diagnosis/Age 4-6 for early screening)

WorkCover and Occupational/Employment Assessments

Custom Earplugs (sleep, swimming, musicians, noise, shooting, motorsport, industry)