

Audiological Referral Form

Electronic version available at audika.com.au/refer-a-patient



Patient information:

Title:

Full Name:

Date of Birth:

Patient type:

Private

Pensioner

Department of Veteran Affairs (DVA)

Details of referring Medical Practitioner:

Title:

First Name:

Surname:

Telephone Number:

Email Address:

Address (or Medical Practitioner Stamp):

(Must include Medicare provider number)

Appointment required:

Preliminary hearing screening

Full audiological assessment:
(including a report)

Adult

Paediatric*

Auditory Processing Disorder
(APD) assessment*

Tinnitus assessment*

Work cover hearing assessment:*

Baseline

Full audiological

Pre-employment check

Pilot Audio

Hearing solution review
(hearing device, implantable technology, assistive
listening devices, etc.)

Custom plugs
(hearing protection, musician plugs and swim plugs)

Other (please specify):

Symptoms and comments:

Medical Practitioner's signature: (Please print referral form to sign and date below)

Date:

Once completed by your Medical Practitioner simply call 1800 753 164 to book a consultation or request an appointment online at audika.com.au. Please bring this completed form with you on or before the date of your appointment. Audika is an accredited provider under the Australian Government Hearing Services Program, our friendly team will help check whether you are eligible for subsidised hearing services.**