



Country  
Hearing  
Care

## AUDIOLOGY REFERRAL FORM

### PATIENT DETAILS

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Medicare No. (if applicable) \_\_\_\_\_

- For
- |                                                            |                                                        |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Diagnostic Hearing Assessment**   | <input type="checkbox"/> Wax Removal Via Microsuction* |
| <input type="checkbox"/> Hearing Aid Assessment/Discussion | <input type="checkbox"/> Cochlear Implant Assessment   |
|                                                            | <input type="checkbox"/> Pensioner/DVA                 |

*\*\*Paediatric Assessments from 9 months of age \*Medicare Rebate for all services except wax removal*

*Country Hearing Care offers fully subsidised hearing services and devices to eligible pensioners and veterans through the Hearing Services Program*

Do you deem this appointment **Urgent or High Priority** ☐ Yes ☐ No

Other/Comments

### REFERRING DOCTOR

Name \_\_\_\_\_ Provider No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

More people hearing better

Phone 1800 432 748 Email [admin@chcare.com.au](mailto:admin@chcare.com.au) [www.chcare.com.au](http://www.chcare.com.au)

MILDURA | BENDIGO | EAGLEHAWK | BALLARAT  
SEBASTOPOL | SWAN HILL | ECHUCA | BROKEN HILL | BAROSSA