

HEARING ASSESSMENT REFERRAL



**Hearing Aid Specialists NT**  
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 ABN: 52 257 811 459 – Internet: www.hearingaidsnt.com.au

Please complete the Hearing Assessment Referral Form and provide to patient to schedule an appointment with **Hearing Aid Specialists NT** Or Fax referral directly to **08 8981 5245** and we will contact patient.

My patient will require: (Please tick the appropriate box)

- Hearing Assessment & Consultation
- Report Required
- Pre-Employment Test
- Industrial Hearing Loss Screen Test
- Noise Reduction Plugs or Swim Plugs
- Other - Please detail below\*

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

Patient Details:

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

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

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical contraindications to the fitting of a hearing aid: \_\_\_\_\_

Other Comments:\* \_\_\_\_\_

Referring Doctor: (Please Print) \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_