



**We are a mixed billing service for children 3 years and over. As per Medicare requirements, a current medical request form is required each time to claim Medicare rebates and to bulk bill.*

Child's Details:

Child Name: _____

Address: _____

Child DOB: _____

Parent Name: _____

Parent Phone & Email: _____

Child Medicare Details: _____

Medical Practitioner Referrer Details:

Doctor Name: _____

Address: _____

Provider Number: _____

Phone: _____

Referral Date: _____

Signature:

Referral reason- Please tick

- Speech and Language Delay
- Developmental Delay
- Middle Ear Issues
- Pre- or Post Grommets
- School Recommendation
- Exclude hearing loss
- Born Overseas, No Hearing Screen
- Family History Hearing Loss
- School Readiness Check

Other reason:

What are you requesting- Please tick

Diagnostic Hearing Test *includes Pure Tone or Play Audiometry, Immittance Measures, OAEs, Speech testing and Otoscopy

Please advise if your patient is eligible for bulk billing- Please tick

- Centrelink Concession (CC)**
- Health Care Card Holders (HCC)**
- Chronic Disease Management Plan** (please email plan and allow for initial and follow-up appointment)
- Priority Population** (CALD families, asylum or refugee status, additional needs, Aboriginal or Torres Strait Islander or those socially disadvantaged or low income)
- Student is from a school where Kids Hearing Screen was performed** (follow-up recommended by Kids Hearing Audiologist or Learning Support Team at School)

**Provide details and incl HCC or Centrelink Card #*

Kids Hearing Contact

Clinic Locations:

Her GP Medical Practice 22 Wongala Crescent
Beecroft 2119

Kite Centre 1110 Oxford Falls Road
Frenchs Forest NSW 2086

Phone: 0403 765 046

Email: kidshearingclinic@gmail.com

Website: www.kidshearing.com.au

Book your child's hearing test

Kids Hearing



Hearing Assessment in Beecroft Clinic

1. Please ask your doctor to complete this form (to bulk bill your child's hearing test in clinic).
2. Please go to our website www.kidshearing.com.au
3. Choose "Beecroft Clinic and book an available Sunday appointment.
4. Bring this signed form and any other reports to the appointment.

Hearing Assessment in School

**Please note this option is only available if your school has agreed to allow hearing assessment on-site (otherwise, please visit us in our Beecroft Clinic)*

1. Please ask your doctor to complete this form (to bulk bill your child's hearing test in school).
2. Email this form to kidshearingclinic@gmail.com and advise your child's name and class.
3. The audiologist will add your child to the hearing test list and will email or call you to confirm your child has been booked.