



KIDS HEARING

+ School yEARS Screen

www.kidshearing.com.au

ABN: 14936161168

Date: / /

BULK BILL Referral for Paediatric Audiology

Diagnostic Assessment for Children 3-18 years (BULK BILLED)

- PTA or Play Audiometry (includes otoscopy, tympanometry and DPOAE's)

**Please be advised, children 9 months to 3 years who require VROA assessment or complex children requiring two-audiologist assessment will need to be referred to Next Sense, Macquarie University Audiology, The Children's Hospital at Westmead, Sydney Children's Hospital Randwick and other private clinics as we do not have VROA facilities at the moment.*

Childs Name: _____

Child's Address: _____

_____ DOB: _____

Referral Reason:

- | | |
|--|---|
| <input type="checkbox"/> Speech and Language Delay | <input type="checkbox"/> Second opinion |
| <input type="checkbox"/> Articulation Difficulties | Other:..... |
| <input type="checkbox"/> Developmental Concerns | |
| <input type="checkbox"/> Parent/Guardian Concerns | |
| <input type="checkbox"/> History of Middle Ear Issues | |
| <input type="checkbox"/> Pre- or Post Surgical Check | |
| <input type="checkbox"/> School/Pre-School Recommendation | |
| <input type="checkbox"/> Complex Medical History | |
| <input type="checkbox"/> Born Overseas, No Hearing Screen | |
| <input type="checkbox"/> Family History of Hearing Loss | |
| <input type="checkbox"/> Routine Wellness Check (e.g. Starting School) | |

Parent/Guardian Contact Details:

Name: _____

Mobile: _____

Email: _____

Referring Provider Details (please fill below, or use practice stamp):

Referring Doctor Name:

Provider Number:

Practice Address:

Phone:

An electronic copy of this form is available on our website.

Once completed, please ask your patient to visit our website to book an appointment OR contact kidshearingclinic@gmail.com for assistance