Hear and Say

Hear and Say –
centre for deaf children Ltd
ABN 32 058 430 069
Head Office and Brisbane Centre
29 Nathan Ave, Ashgrove
Qld 4060, Australia

F 07 3366 1803

P 07 3850 2111
E mail@hearandsay.com.au

www.hearandsay.com.au

# Request for Services – Referral Form

## PATIENT DETAILS

Name _____ Date of birth _____

Clinical History _____

_____

## REFERRING MEDICAL PRACTITIONER DETAILS

Dr _____

Address _____

_____

Email _____ Date of referral _____

Provider number: _____ Length of referral ❑ 1 year ❑ Indefinite

SIGNATURE _____

## SERVICES REQUESTED

DIAGNOSTIC HEARING SERVICES - AUDIOLOGY

- ❑ Neonatal Hearing Assessment (under 6 months of age)
- ❑ Paediatric Hearing Assessment (under 4.5 years of age)
- ❑ Hearing Assessment (4.5 years and over)
- ❑ Electrophysiological Assessment (over 6 months of age) ABR ASSR EABR

Comments:

SPEECH THERAPY SERVICES

- ❑ Speech and Language Assessment
- ❑ Listening and Spoken Language Therapy
- ❑ Adult listening and spoken language therapy (post hearing aid and/or cochlear implant fitting)

Comments:

OCCUPATIONAL THERAPY SERVICES

- ❑ Developmental Assessment
- ❑ School Readiness Assessment

Comments:

Download additional copies of this form or complete forms online at www.hearandsay.com.au/Referral/