



# Referral Form for Adult Audiology

Date

Patient name

Date of birth

Best contact number

Does patient hold Centrelink Pension card or DVA card?  Yes  No

*Accredited Provider under the Australian Government Hearing Program, free hearing tests and free or subsidised hearing aids to eligible people.*

Are there contraindications to the fitting of a hearing device?

No  Yes (may still be eligible for the fitting of a hearing device)

Reason for referral and/or relevant medical conditions

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Referring Practitioner signature

Medicare provider number

Referring Practitioner (print or stamp)

Date

**Services required**

- Audiological assessment (incl. speech and tympanometry) and report
- Hearing loss advice and rehabilitation
- Tinnitus assessment and management
- Assistive listening devices (e.g. for TV, phone)
- Earplugs for swimming, musicians, noise
- Adult-speech therapy
- Other.....

**Box Hill • East Melbourne • Oakleigh • Frankston • Geelong • Preston • Home visits**

**Contact us to make an appointment**

Phone. 1300 30 20 31  
Fax. (03) 9473 1155  
SMS/FaceTime. 0402 217 586  
Email. [audiology@expression.com.au](mailto:audiology@expression.com.au)  
**expression.com.au**

- Expression Audiology provides independent quality services tailored to your needs.
- We're not aligned with a specific hearing aid company.
- All proceeds go to services for Deaf and hard of hearing Victorians.
- Reduced Price Scheme for other low-income earners, conditions apply.