



1/440 Flinders Street Nollamara WA 6061
Tel: (08) 6336 7170 Fax: (08) 6147 4612
Email: info@pristinehearing.com.au
Web: www.pristinehearing.com.au

Perth's Hearing Aid & Tinnitus Specialists

PATIENT DETAILS

SURNAME _____ GIVEN NAME _____
ADDRESS _____
PHONE _____ D.O.B. _____
PENSION NUMBER (if applicable) PATIENT IS A PENSIONER HOME OR NURSING HOME VISIT REQUIRED

ASSESSMENT REQUIRED

- AUDIOGRAM ADULT (WORKERS COMP/PILOT/DIVING/MEDICAL/PRE-EMPLOYMENT)
PEADIATRIC (3YO+)
- MICROSUCTION EARWAX REMOVAL OR HELP WITH MANAGEMENT OF OTITIS EXTERNA
- TINNITUS ASSESSMENT/TREATMENT/MANAGEMENT
- HEARING AIDS / IMPLANTABLE OPTIONS (HEALTH FUND REBATES APPLY)
- CUSTOM PLUGS (SWIMMERS, NOISE REDUCTION, MUSICIAN, COMMUNICATION DEVICE)
- CENTRAL AUDITORY PROCESSING DISORDER ASSESSMENT & REMEDIATION

PENSIONERS ONLY

GOVERNMENT REQUIREMENTS FOR PENSIONERS Please tick appropriate boxes below

- I am satisfied this patient can be referred for a hearing assessment and if clinically appropriate, aural rehabilitation services. AND
 - I am satisfied that there are no contraindications to the fitting of a hearing device. OR
 - In my medical opinion, there are medical contraindications to the fitting of a hearing device.
- _____
- _____

GP CERTIFICATION

REFERRING DOCTOR _____ MEDICARE PROVIDER NUMBER _____
ADDRESS _____
PHONE _____ EMAIL/FAX _____
 New referral pad needed. SIGNATURE: _____ DATE: _____