Nicholas Petersen
HEARING+
EAR CARE

Referral for Hearing Services

Patient Details

First Name: _____
Date of Birth: _____
Pension Number: _____

Last Name: _____
Phone Number : _____
Medicare No. & IRN: _____

Please conduct the following:

- ☐ Hearing Assessment (patients over 5)
- ☐ Air Conduction
- ☐ Air and Bone Conduction
- ☐ Speech Discrimination
- ☐ Tympanometry
- ☐ Tinnitus Management
- ☐ Custom made Plugs
- ☐ Wax Removal (microsuction, curette, syringing)
- ☐ Other

Are there any constraindications to the fitting of a hearing device?

Yes: _____

No: _____

Clinic Notes

_____

_____

Doctor Details

Date: _____
Name: _____
Clinic Name: _____
Provider Number: _____

Stamp details here

Accredited to provide free hearing care services to Pensioners and Veterans Affairs clients under the HSP Program

ABN: 80 142 561 011

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