

Patient's Details:

Name: _____
Address: _____

DOB: _____
Phone/Mobile: _____
Medicare No.: _____
DVA No.: _____

Referrer Details:

Name: _____
Clinic: _____
Provider Number: _____
Phone: _____
Referral Date: _____
Signature: _____

Clinical details:

What are you requesting?

Please tick either individual tests or test battery.

Cochlear, Bone Anchored, Middle Ear Implants

- Cochlear/Bone Anchored/Middle Ear Implant Audiology Candidacy Assessments** – pta, tympl/reflexes, speech audiometry
- Cochlear Implant Mapping/Bone Anchored/Middle Ear Programming** – MAPPING/PROGRAMMING*, TYMP/REFLEXES, FREEFIELD PTA, SPEECH AUDIOMETRY

Balance/Vestibular Test Batteries

All include in-depth Symptom Questionnaire, Full Audiometry, Immittance Measures and Full Bedside tests – Romberg, DVA, Headshake, Fistula etc.

- Complete Vestibular Test Battery** – VNG, VHIT, CALORICS, VEMP, SVV (OPT)
- Triage and/or Vestibular Migraine Test Battery** (60 min battery for exclusion diagnosis and/or further assessment guide) – VNG, VHIT, VEMP (OPT)
- Benign Positional Vertigo (BPV) and Otolithic Repositioning** – VNG, VHIT
- Meniere's Disease** – ECOCHG, CALORICS, VNG, VHIT, VEMP
- Fistula/SSCD** – VNG, VHIT, VEMP
- Cochlear Implant Vestibular Candidacy Assessment** – VNG, CALORICS, VHIT, VEMP (OPT), ABR (OPT)

Paediatric Hearing Test Batteries

- Birth to 1 years** – ABR, OAE, TYMP/REFLEXES
- 1 to 3 Years** – VROA, OAE, TYMP/REFLEXES
- 3 Years and Above** – PTA, OAE, TYMP/REFLEXES
- (Central) Auditory Processing Assessment (CAPD)** – PTA, TYMP/REFLEXES, LISN, TAPS, DD, TEMP, QS
- (Central) Auditory Processing Assessment (CAPD) Advanced** – PTA, TYMP/REFLEXES, OAE, ABR, LISN, TAPS, DD, TEMP, QS
- Screening and Threshold Auditory Brainstem Response (ABR) Evoked Response Testing**

*Medicare Rebates/Bulk Billing may be available with a GP Chronic Disease Management Plan; ENT; Neurologist; or Indigenous Allied Health Follow Up Referral.

To contact us or book at your preferred clinic:

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