

Patient's Details:

Name: _____
Address: _____

DOB: _____
Phone/Mobile: _____
Medicare Number: _____
DVA Number: _____

Referrer Details:

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

Clinical details:

What are you requesting?

Please tick either individual tests or test battery.

Individual Hearing/Threshold Estimation Tests

All include Pure Tone Audiometry and Immittance Measures

- ☐ **Hearing Test** – Pure Tone Audiometry (Air, Bone, Speech)*
- ☐ **VROA Hearing Test** – VROA Pure Tone Audiometry*
- ☐ **Eustachian Tube Test** – Tympanometry and Immittance Audiometry*
- ☐ **Otoacoustic Emissions Test (OAE)***
- ☐ **Auditory Brainstem Response (ABR) Testing***
- ☐ **Mid and Late Latency Auditory Testing** – MMN, AMLR, ALR, P300*

Individual Balance/Vestibular Tests

All include in-depth Symptom Questionnaire, Full Audiometry, Immittance Measures and cVEMP (opt)

- ☐ **VNG** – Videonystagmography
- ☐ **Caloric Testing** – Air or Water
- ☐ **vHIT** – Video Head Impulse Test
- ☐ **ECochG** – Electrocochleography*
- ☐ **VEMP** – cVEMP, oVEMP*
- ☐ **SVV** – Subjective Visual Vertical

Balance/Vestibular Test Batteries

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

- ☐ **Complete Full Vestibular Assessment Test Battery** – VNG, VHIT, CALORICS, VEMP, SVV
- ☐ **Triage 1 and/or Vestibular Migraine Test Battery** (90 min - for exclusion diagnosis and/or further assessment guide, recommended as starting point) – VNG, VHIT, cVEMP, SVV
- ☐ **Triage 2 (if required) - Triage 1 Follow Up Assessment Battery** (90 min following Triage 1 to complete full assessment and/or assess fluctuating function) – VNG, VHIT, Caloric, oVEMP
- ☐ **Benign Positional Vertigo (BPV) and Otolithic Repositioning** – VNG
- ☐ **Meniere's Disease** – ECOCHG, CALORICS, VNG, VHIT, VEMP, Fistula/SSCD – VNG, VHIT, cVEMP, oVEMP (opt)
- ☐ **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
- ☐ **School-Readiness Hearing Screen** PTA, TYMP
- ☐ **(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**

Cochlear, Bone Anchored, Sound Bridge (Implants)

- ☐ **Implant Candidacy Assessments** – PTA, TYMP/REFLEXES, SPEECH AUDIOMETRY, AUDITORY BRAINSTEM RESPONSE AUDIOMETRY (ABR) (OPT)
- ☐ **Implant Mapping/Bone Anchored/Middle Ear Programming** – MAP/PROGRAM*, TYMP/REFLEXES, FREEFIELD PTA, SPEECH AUDIOMETRY

Others

With exception of wax removal and earplugs all include Full Audiometry and Immittance Measures

- ☐ **Hearing Aid Assessment and Rehabilitation** (free for pensioners, veterans, NDIS participants and others eligible for the Australian Government's Hearing Services Program)
- ☐ **Tinnitus Assessment Only** ☐ **Plus Rehabilitation**
- ☐ **Medico-legal Assessment (Workcover)**
- ☐ **Employment Assessments Coal Board Medical/Drivers Licence/Aviation**
- ☐ **Wax/Foreign Body Removal***
- ☐ **Musician's Earplugs, Swimming Plugs, Ear Protection**
- ☐ **Other.** Please state: _____

*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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