Kids Hearing

Audiology Request Form

Kids Hearing Audiologist & Dr Shin Li How

www.kidshearing.com.au

**We are a mixed billing service for children 3 years and over. As per Medicare requirements, a current medical request form is required each time to claim Medicare rebates and to bulk bill.*

Child's Details:

Child Name:_____

Address: _____

_____

Child DOB: _____

Parent Name:_____

Parent Phone & Email: _____

_____

Child Medicare Details:_____

_____

Medical Practitioner Referrer Details:

Use practice stamp or write:

Doctor:……

Provider Number:……

Practice Address: ……

……

Date:

Signature:

Referral reason- *Please tick*

- ☐ Speech and Language Delay
- ☐ Developmental Delay
- ☐ Middle Ear Issues
- ☐ Pre- or Post Grommets
- ☐ School Recommendation
- ☐ Exclude hearing loss
- ☐ Born Overseas, No Hearing Screen
- ☐ Family History Hearing Loss
- ☐ Did not pass school hearing screen, follow-up recommended.

Other reason:

_____

_____

_____

_____

What are you requesting- *Please tick*

☐ **Diagnostic Hearing Test** *includes Pure Tone or Play Audiometry, Immittance Measures, OAEs, Speech testing and Otoscopy

Please advise if your patient is eligible for bulk billing- *Please tick*

- ☐ **Centrelink Concession** (CC)
- ☐ **Health Care Card Holders** (HCC)
- ☐ **Chronic Disease Management Plan** *(please email plan and allow for initial and follow-up appointment)*
- ☐ **Priority Population** *(CALD families, asylum or refugee status, additional needs, Aboriginal or Torres Strait Islander or those socially disadvantaged or low income)*

**Provide details and incl HCC or Centrelink Card #*

Kids Hearing Contact

Clinic Locations:

Her GP Medical Practice 23 Wongala Crescent
Beecroft 2119

Kite Centre 1110 Oxford Falls Road
Frenchs Forest NSW 2086

Phone: 0403 765 046

Email: hello@kidshearing.com.au

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