



Kids Hearing

www.kidshearing.com.au

Child Audiology Request Form

Kids Hearing Audiologist

**We are a mixed billing service for children 3 years+. 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:

Doctor Name: _____

Address: _____

Provider Number: _____

Phone: _____

Signature
+ Date

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
- ☐ School Readiness Check

Other reason:

What are you requesting- Please tick

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

Reduced Fee eligibility

- ☐ **Chronic Disease Management Plan** (please email plan and allow for 2x sessions initial and follow-up appointment)

Kids Hearing **Contact** Clinic Locations:

Kids Hearing Epping (Inside Dental, Physio & Podiatry) 40 Rawson Street Epping NSW 2121

Kids Hearing Northern Beaches (Inside The Kite Centre)
1110 Oxford Falls Road Frenchs Forest NSW 2086)

Phone: 0403 765 046

Email: hello@kidshearing.com.au

Website: www.kidshearing.com.au

