

# Referral Form



Hear and Say

Please use block letters to complete form.

## Patient details

First name	Last name
Date of birth	Mobile phone
Email	
Address	
Clinical history	

## Referring medical practitioner details

Referring GP	
Address	
Email	
Provider number	Date of referral
Length of referral: <input type="checkbox"/> One year / <input type="checkbox"/> Indefinite	Reported by: <input type="checkbox"/> Mail / <input type="checkbox"/> Email
Signature	

## Services

- |  |  |
|--|--|
| <input type="checkbox"/> Auditory Brainstem Response (ABR)     | <input type="checkbox"/> Speech and language assessment            |
| <input type="checkbox"/> Hearing test (adults and paediatrics) | <input type="checkbox"/> Occupational therapy                      |
| <input type="checkbox"/> Hearing aid assessment                | <input type="checkbox"/> School readiness assessment               |
| <input type="checkbox"/> Tinnitus assessment                   | <input type="checkbox"/> Speech pathology/auditory learning        |
| <input type="checkbox"/> Cochlear implant assessment           | <input type="checkbox"/> Cochlear implant/hearing implant services |

*\*Not all services are available at all clinic locations. Please phone your local clinic to confirm service availability.*

## Clinic locations

### Brisbane

29 Nathan Avenue  
Ashgrove,  
Qld 4060

### Gold Coast

8 Bellvue Drive  
Varsity Lakes,  
Qld 4227

### Rockhampton

1/384 French Avenue  
Frenchville,  
Qld 4701

### Sunshine Coast

60 Windsor Road  
Nambour,  
Qld 4560

### Townsville

Level 2 Building 500  
Clinical Practice Building  
1 James Cook Drive  
JCU Douglas Campus  
Townsville, Qld 4811



Hear and Say is a registered National Disability Insurance Scheme (NDIS) and government Hearing Services Program provider. If you hold a pension or DVA card, you may be eligible for subsidised services.