



Patient Referral form

Lions Hearing Clinics are evidence based and non for profit with qualified audiologist and audiometrist who are all commission free. Part of Earscience Institute Australia

Surname _____

Given Name _____

Address _____

Telephone _____

DOB _____

Private Health Fund _____

Member Number _____

***Complete this section for ALL pension and/or DVA card holders**

Are there contraindications to the fitting of a hearing device

Yes

No

Assessment type Required:

Full Hearing Assessment

Adult

Child

Tinnitus Assessment

Hearing Aids

New / Replacement

Hearing Aid Adjustment

Auditory Processing Assessment
(7yrs And Older)

WorkCover Assessment

Baseline

Full Audiological

Noise Protection

Musician Ear Plugs

Swim Plugs

Referring Doctor _____

Symptoms and Comments

Provider number _____

Address _____

Telephone _____

Date _____

How to book your appointment

CALL 1300 84 76 85

ONLINE lionshearing.org.au

EMAIL book@lionshearing.org.au