ARAFURA Audiology
EAR & HEARING CLINIC

101 Mitchell Street Darwin NT 0800 Tel (08) 8981 0013 Fax (08) 8981 0275

Tropical Ear Pty Ltd
ABN 59 084 168 383

REFERRAL FOR:

Patient Details

Surname: _____ First Name: _____

Age: _____ DOB: _____

(must be more than 4 years of age)

☐ Audiological Assessment
(Diagnostic audiology and evaluation)

☐ Hearing Aid Evaluation

☐ Auditory Processing Assessment
(Specialist assessment for 7+ years of age)

☐ Custom Ear Plugs
(Swimmers/Noise/Musicians)

☐ Employment Assessment
(Pre, monitoring and exit assessments)

☐ School Hearing Screening

☐ Other.....

Presenting Symptoms:

_____

_____

_____

_____

_____

_____

Referred by:.....
(Agency/Clinic Name)

Name:.....

Signed:..... Date:.....