

**YOUR NEXT APPOINTMENT IS ON:**

Date \_\_\_ / \_\_\_ / \_\_\_ Time \_\_\_ : \_\_\_ am pm

Clinic

## Patient Details

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_    

Phone (H) \_\_\_\_\_ Mobile \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

## Clinical History

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## General Testing

- Hearing Test (all ages)
  - Medicolegal
- Hearing Aid Assessment  
(includes pensioners and veterans)
- Tinnitus Consultation
  - Tinnitus Management Program
- Pre-Employment Hearing Test
- Auditory Processing Assessment (>6 years)
- Balance Test (VNG, Calorics and VEMP)

## Further Testing

- Electrocochleography, *Extratympanic* (ECOG)
  - Fistula Test
- Auditory Brainstem Response (ABR)
- Bone Conduction Implant Assessment
- Otoacoustic Emissions

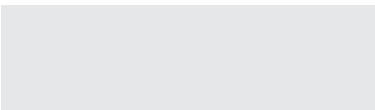
## Ear and Hearing Protection

- Custom Swim Plugs
- Custom Musician & Noise Plugs
- Custom MP3 Earbuds

## Referral to:

Name \_\_\_\_\_

Provider # \_\_\_\_\_



Signature \_\_\_\_\_

## Copy Report To:

Name \_\_\_\_\_

Provider # \_\_\_\_\_

Referral Date \_\_\_ / \_\_\_ / \_\_\_



## Victoria and Tasmania ENT Consultants

Mr. T. Baker  
Prof. R. Briggs  
Mr. S. Chan  
Dr. T. Connolly  
Mr. B. Cook  
Mr. B. Costello

Dr. B. Dixon  
Mr. M. Dobson  
Mr. P. Guiney  
Mr. E. Levi  
Assoc. Prof. B. Lyons  
Dr. M. Magarey

Dr. D. McCormick (TAS)  
Dr. P. Michael  
Dr. A. Richards  
Mr. G. Sherman  
Mr. M. Taylor  
Mr. R. Taylor

Mr. R. Thomas  
Dr. S. Wagstaff  
Dr. L. Wun  
Mr. Y. Zhao

## Victoria and Tasmania Clinic Locations

### **BOX HILL**

Suite 3  
28-32 Arnold Street  
BOX HILL VIC 3128  
**Phone: 03 9898 0777**

### **EAST MELBOURNE**

Suite 223  
100 Victoria Parade  
EAST MELBOURNE VIC 3002  
**Phone: 03 9639 7455**

### **GEELONG**

Epworth Geelong  
Level 6, Suite 6.3  
1 Epworth Place  
WAURN PONDS VIC 3216  
**Phone: 03 5271 7678**

### **RICHMOND**

Epworth Richmond  
Level 9, Suite 9.5  
89 Bridge Road  
RICHMOND VIC 3121  
**Phone: 03 9081 1036**

### **WHEELERS HILL**

Suite 22, Level 2  
202 Jells Road  
WHEELERS HILL VIC 3150  
**Phone: 03 9562 5319**

### **SOUTH HOBART**

Calvary St John's Hospital  
Block A, Level 1  
30 Cascade Road  
SOUTH HOBART TAS 7004  
**Phone: 03 6124 2130**