

## Child and Family Health Audiometry Referral Form

**Referral Criteria for Hearing Tests**

- ✓ For clients who reside within the Newcastle, Lake Macquarie and Port Stephens areas
- ✓ Children 3 ½ years to 18 years of age (still at School)

**Referral accepted from:**

- ✓ Medical Professionals
- ✓ Speech Therapists
- ✓ CFHNs
- ✓ Schools / Preschools
- ✓ Other Health Professionals
- ✓ Referral required for ALL clients

For a hearing test to be conducted a child needs to be able to tolerate wearing headphones and be able to sit and follow directions in a play environment.

***If a child has developmental delays they are to be seen at Australian Hearing.***

<b>Name</b>					
<b>MRN</b>		<b>DOB</b>		<b>Gender</b>	
<b>Aboriginality</b>		<b>Interpreter</b>		<b>Language</b>	
<b>Address:</b>					
<b>Suburb:</b>					
<b>Home Phone:</b>		<b>Mobile Phone:</b>			

Reason for Referral: <i>(Please include current problem reason or reason for referral, medications and follow-up care plan)</i>

Other professionals / Agencies involved with Parent, Infant, Family <i>(Please include names and contact details)</i>
<b>Referral Person's name:</b>
<b>Referral Person's contact number:</b>
<b>Hospital / Service:</b>
<b>Date of Referral:</b>
<b>Feedback required:</b>

Please fax completed form to Central Intake: 02 4924 6635  
or email to: [HNELHD-CFHNSCentralIntake@Health.nsw.gov.au](mailto:HNELHD-CFHNSCentralIntake@Health.nsw.gov.au)  
Any questions, please contact Central Intake on: 02 4923 6920