



Tasman Audiology lutruwita

Ms Gill Baker & Mr Damian Haeusler

Consultant Audiologists specialising in hearing implants

Referral for Audiology Services & Hearing Implant Management

Referral to: **Tasman Audiology** (Office co-located with ENT South)
Unit 5, 19A Hunter Street, Hobart, TAS, 7000

Service Location (select):

Hobart Launceston Devonport

Audiologist (select): *(If neither box is checked, the next available Audiologist will be assigned):*

Mr Damian Haeusler

Ms Gill Baker

Dear Gill and Damian,

please accept this referral for the following patient:

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Medicare Number: _____

Address: _____

Best/Preferred Contact: _____

Referral Urgency:

Routine

Urgent (reason): _____

Reason for Referral:

Audiological review including the following MBS item numbers as required:

(Hearing Implant adjustment: 82301, Hearing assessment: 82312/82315/82318, Impedance: 82324, OAEs: 82332)

Other (specify): _____

Referring GP:

Name & Provider Number:

Signature: _____ Date: _____



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Add extra information below if needed (or attach a Clinical Summary)

Clinical Summary / History:

Audiological Information:

Most recent audiogram attached? Yes No

Date of Hearing Implant: Left ear Right ear

Most Recent Hearing Implant Provider: _____

Hearing aid provider/Audiologist: _____

Other relevant audiological test results/reports attached: Yes No

Additional Information: (e.g. ear surgeries, infections, contraindications)

Current Medication List attached: Yes No