Government of Western Australia
South Metropolitan Health Service

AUDIOLOGY REFERRAL FORM

STATEWIDE TERTIARY SERVICE

FIONA STANLEY hospital

SECTION 1 PATIENT DETAILS

NAME: DATE OF BIRTH:

EMAIL: PHONE:

ADDRESS:

Does this client have a primary contact other than themselves?

☐ NO ☐ YES → *Please fill in the primary contact details*

NAME:

RELATION:

Preferred contact method

☐ Email ☐ Telephone

☐ Mail ☐ SMS

Preferred appointment type

☐ Face to Face

☐ Telehealth ☐ Telephone

SECTION 2 ADULT & PAEDIATRIC SERVICES

☐ HEARING ASSESSMENT

☐ COCHLEAR IMPLANT ASSESSMENT

☐ OTHER HEARING IMPLANT ASSESSMENT

☐ TRANSFER SERVICES *(Reason)*

☐ BALANCE (VESTIBULAR) ASSESSMENT

☐ ABR TESTING

☐ ROTATIONAL CHAIR TESTING

☐ OTHER SERVICES *(Specify)*

SECTION 3 ATTACHMENTS

☐ AUDIOGRAM(S)

☐ SPEECH AUDIOMETRY

☐ HEARING AID HISTORY / INSERTION GAIN

☐ OTHER REPORTS

SECTION 4 REFERRER DETAILS

NAME: PROVIDER #:

EMAIL: PHONE:

ORGANISATION: SIGN / DATE:

PLEASE DIRECT REFERRALS TO

AUDIOLOGY DEPARTMENT
Fiona Stanley Fremantle Hospitals Group
Royal Perth Hospital
Sir Charles Gairdner Hospital

EMAIL FSH.Audiology2@health.wa.gov.au
PHONE 08 6152 2222
FAX 08 6152 4064
WEBSITE FSFHG.health.wa.gov.au/Audiology

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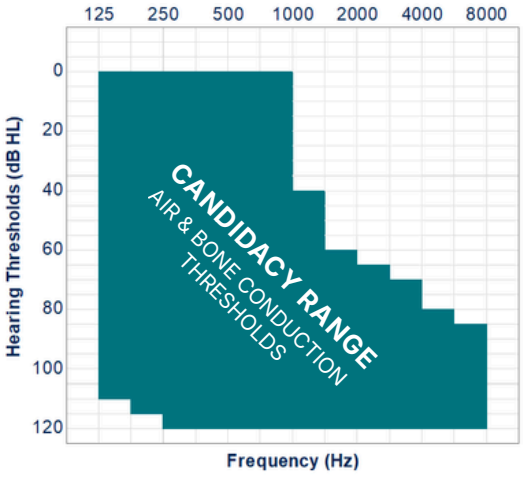
INFORMATION TO CONSIDER FOR YOUR PATIENT

WHEN AN IMPLANTABLE HEARING DEVICE MAY BE A SUITABLE OPTION

An implantable hearing device may be considered when a patient reports:

- Reduced speech detection and clarity
- Reliance on lipreading or visual cues
- Difficulty communicating
- Withdrawal from social gatherings



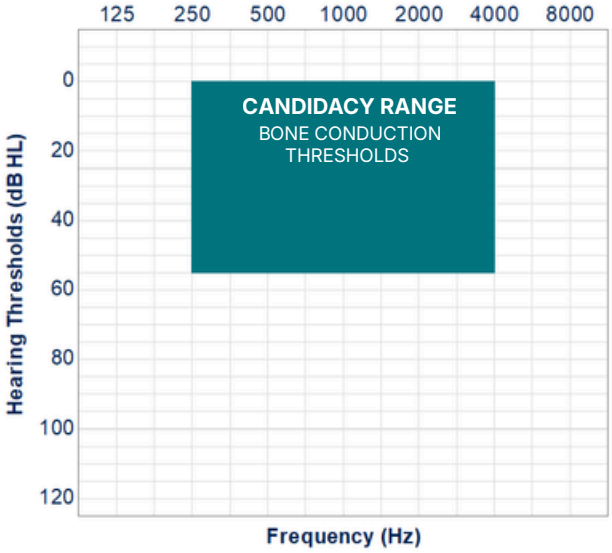
A cochlear implant may help to improve sound awareness and speech detection if a person reports:

- **Limited** or **no benefit** using conventional amplification.
- Hearing levels in **one** or **both** ears, within the candidacy range (indicated on the audiogram on the right).

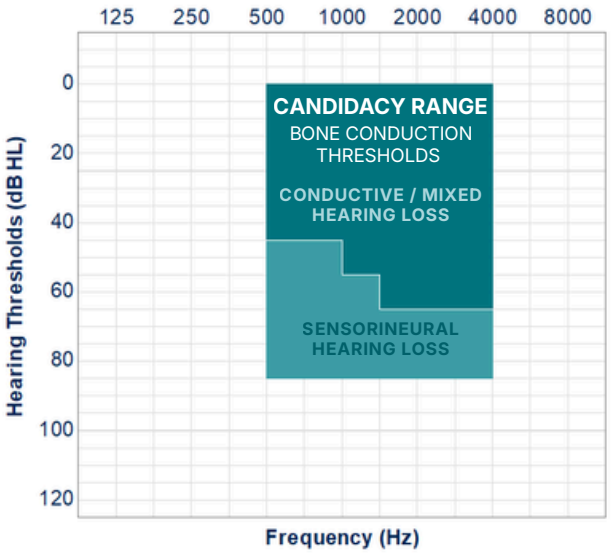
A **bone conduction implant** and/or **middle ear implant** may be suitable for a person with:

- **Contraindication(s)** to conventional **hearing aid use** (Otitis externa, Otitis Media, Atresia/Microtia, etc).
- Permanent **conductive** or **mixed** hearing loss with ***stable bone conduction levels***.
- Permanent mild to severe **sensorineural** hearing loss, with ***normal*** **middle ear function** may be considered for a **middle ear implant**.

Bone Conduction Implant



Middle Ear Implant



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