

Referral Form



Hear and Say

Please use block letters to complete form.

Patient details

First name	Last name
Date of birth	Mobile phone
Email	
Address	
Clinical history	

Referring medical practitioner details

Referring GP	
Address	
Email	
Provider number	Date of referral
Length of referral: <input type="checkbox"/> One year / <input type="checkbox"/> Indefinite	Reported by: <input type="checkbox"/> Mail / <input type="checkbox"/> Email
Signature	

Services

- | | |
|--|--|
| <input type="checkbox"/> Auditory Brainstem Response (ABR) | <input type="checkbox"/> Speech and language assessment |
| <input type="checkbox"/> Hearing test (adults and paediatrics) | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Hearing aid assessment | <input type="checkbox"/> School readiness assessment |
| <input type="checkbox"/> Tinnitus assessment | <input type="checkbox"/> Speech pathology/auditory learning |
| <input type="checkbox"/> Cochlear implant assessment | <input type="checkbox"/> Cochlear implant/hearing implant services |

**Not all services are available at all clinic locations. Please phone your local clinic to confirm service availability.*

Clinic locations

Brisbane

29 Nathan Avenue
Ashgrove,
Qld 4060

Gold Coast

8 Bellvue Drive
Varsity Lakes,
Qld 4227

Rockhampton

1/384 French Avenue
Frenchville,
Qld 4701

Sunshine Coast

60 Windsor Road
Nambour,
Qld 4560

Townsville

Level 2 Building 500
Clinical Practice Building
1 James Cook Drive
JCU Douglas Campus
Townsville, Qld 4811



Hear and Say is a registered National Disability Insurance Scheme (NDIS) and government Hearing Services Program provider. If you hold a pension or DVA card, you may be eligible for subsidised services.