Referral for Hearing Services

AAA Peninsula Hearing Aid Centre

Patient details:

First name: Last name:

Date of Birth: Phone Number:

Pension number:

Please conduct the following:

- ☐ Hearing Assessment (patients over 5 years of age)
- ☐ Air Conduction
- ☐ Air and Bone Conduction
- ☐ Speech Discrimination
- ☐ Tympanometry
- ☐ Tinnitus Management
- ☐ Custom-made Plugs
- ☐ Hearing Loss Solutions
- ☐ Other

Are there contraindications to the fitting of a hearing device

- ☐ Yes:
  (May still be eligible for other hearing services)
- ☐ No:

Clinic notes:

Doctor details:

Date: Name:

Clinic name: Provider number:

Accredited to provide free hearing care services to Pensioners & Veteran Affairs clients under the OHS program.
ABN: 11761692133

AAA Peninsula Hearing
18 Davey Street, Frankston
Ph. 9783 7677