



# John Percy Audiology

The Link to Better Hearing

Shop 4 Carina Plaza  
876 Old Cleveland Road  
Carina Q 4152  
(cnr Sankey St – next to TAB & QML) (M-F 8.30-4.30, Sat by App)



John Percy Audiology Pty Ltd  
Phone: 07 3398 8862  
Fax: 07 3398 8873  
john@johnpercyaudiology.com.au

## DOCTORS PLEASE NOTE:

**\*FOR AGED or DISABILITY PENSIONERS & DEPENDANTS of PENSIONERS, VETERANS & DEFENCE FORCE PERSONNEL**

*- Please Sign & Attach Office of Hearing Services Application.*

**\*FOR REFERRALS UNDER Enhanced Primary Care PLANS**

**- USE "EPC REFERRAL FORM FOR ALLIED HEALTH PROFESSIONALS".**

## REQUEST FOR CONSULTATION

To: John Percy Audiology Pty Ltd

From:

Referrers Name & Provider No.

Re: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Record Number: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Information (Please Tick):

REFERRAL FOR:

- ADULT ASSESSMENT incl. Pure Tone, Speech & Impedance Audiometry
- CHILD ASSESSMENT (6mths for VROA, 3yrs for Play Audiometry,  
0mths for Otoacoustic Emission testing, 6yrs Auditory Processing)
- HEARING AID or REHABILITATION REVIEW     HEARING PROTECTION
- AUDITORY PROCESSING ASSESSMENTS (Children from 6yrs with LiSN-S)
- EARMOULD     TINNITUS MANAGEMENT     PRE/POST EMPLOYMENT

ENCLOSURES:

- HEALTH SUMMARY     REPORT     \_\_\_\_\_

Yours sincerely,

(Referrer's signature) \_\_\_\_\_

Date: \_\_\_\_\_