Child and Family Health Service

Women's and Children's Health Network

REFERRAL TO HEARING ASSESSMENT SERVICE

CLIENT LABEL / DETAILS HERE

CRN:.....

Surname:.....

Given Name:.....

Second Given Name(s):.....

DOB:.....Age:.....Sex:.....

Hearing Assessment Service

295 South Terrace, Adelaide SA 5000

Tel: 08 8303 1530 Fax: 08 8303 1640

www.cyh.sa.gov.au

Thank you for seeing, Date: .....

Child's Name: ..... Date of Birth: ..... Age: .....

POSTAL Address: .....Postcode: .....

Parent / Guardian / Caregiver Name: .....

Home Phone: ..... Mobile Phone: .....

Is English the first language? ☐ Yes ☐ No Interpreter required? ☐ Yes ☐ No Language:.....

Did this child pass his / her newborn hearing screening? ☐ Yes ☐ No ☐ N/A

Did this child pass his / her kindergarten (or other) hearing test? If no, please document results. ☐ Yes ☐ No ☐ N/A

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Do the parents think his / her child has normal hearing? ☐ Yes ☐ No

Has the child had healthy ears and nose, free from infection or cold during the past 6 months? ☐ Yes ☐ No

If 'Yes' is answered to all the above, please indicate why you still feel a hearing assessment is required? .....

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Is there anything impacting on the child's ability to perform testing? *(e.g. Autism, behavioural / development issues)*

☐ Yes ☐ No If yes, please state:.....

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Does this child require "clearance" for enrolment to a speech and language program *(not general speech pathology)*? ☐ Yes ☐ No

Would the client be willing to travel to South Terrace, Adelaide if an earlier appointment was available? ☐ Yes ☐ No

Referring Details

Name: .....

Address: .....

.....

.....

Contact Number: .....

Printed Name: .....

Signature: .....

Designation: ..... Date: .....

- ☐ Medical *(Medical Officer, Ear Nose and Throat Specialists, Paediatrician, Neonatologist, etc)*
- ☐ Child and Family Health Nurse *(country location only)*
- ☐ Universal Neonatal Hearing Service
- ☐ Youth Training Centre
- ☐ 4 year old Preschool Health Assessment
- ☐ Aboriginal Ear Health Projects
- ☐ Families SA

On completion please fax to (08) 8303 1640 or post to Newborn & Children's Hearing Services, 295 South Terrace Adelaide SA 5000.

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