

**Hannah Bennett**

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Surgery of the Nose & Sinuses  
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**David Hall**

Adult & Paediatric Otolaryngologist  
MBBS FRACS

**Dr Darin Bilish**

Paediatric Otolaryngologist  
MB ChB FRACS

**PREFERRED LOCATION**

- Subiaco**  
Perth ENT Centre  
Suite 6, 1 Salvado Rd. 6008
- Duncraig**  
48 Arnsdale Rd. 6023

Patient Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
Medicare:	<input type="text"/>	Health Fund:	<input type="text"/>
Clinical Query:	<input type="text"/>		

**Assessment Required:**

- 1. Hearing Assessment (infants to adolescents)**  
*Including: Behavioural Audiometric Evaluation, Impedance, Acoustic Reflex, Oto-Acoustic Emission and Speech Discrimination Testing.*
  - Referral onto an ENT Surgeon if further medical investigation is necessary at time of hearing test (please indicate your preferred ENT)*
  - 2. Central Auditory Processing Disorder Assessment (CAPD) (five years and over)**  
*Including: Diagnostic Assessment with Electrophysiological Testing and Behavioural Evaluation; Rehabilitation and Management.*
  - 3. Auditory Evoked Electrophysiological Potentials\***  
*Objective Hearing Evaluation (newborns, infants and children unable to perform a behavioural hearing test)*  
*Including: Brainstem Evoked Response Audiometry (BERA or ABR), Auditory Steady State Response (ASSR) and Oto-Acoustic Emission Testing (TEOAE, DPOAE)*
- \*Also available under sedation if required

Referring Physician:	<input type="text"/>	Provider No:	<input type="text"/>
Email Address:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Phone:	<input type="text"/>