

Hannah Bennett

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Nicole Irvine

Senior Audiologist
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Michael De Luca

Senior Audiologist
 MClin Aud MAudSA(CCP)

PREFERRED LOCATION

- Subiaco**
 Perth ENT Centre
 Suite 6, 1 Salvado Rd, 6008
- Karrinyup**
 Level 1, Suite 13, 86 Francis Avenue

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"/>