The Shepherd Centre
Giving deaf children a voice

GP Referral Form – Audiological Services

☐ Dr Thomas Kertesz
The Shepherd Centre
PO Box 871
Strawberry Hills NSW 2012

☐ Dr Phillip Chang
The Shepherd Centre
PO Box 871
Strawberry Hills NSW 2012

☐ Dr Simon Greenberg
The Shepherd Centre
PO Box 871
Strawberry Hills NSW 2012

Date of Referral _____

Child's Name _____

Address _____

_____

Telephone _____

Child's Medicare Number _____

Child's Number on Card _____

Expiry date on card _____

Possible audiological services for which child is being referred include:

- *Impedance (tympanometry)*
- *Audiogram*
- *Cochlear implant services*
- *Speech perception assessments*

REFERRAL

☐ **INDEFINITE REFERRAL** ☐ **12 MONTH REFERRAL** **(Please tick one)**

General Practitioner

Name _____

Provider Number _____

Address _____

_____

Signature _____

Thank you for your referral