Referral

ear nose throat Ballarat 103 Drummond St Nth, Ballarat. **Tel: 03 53334755 Fax: 03 43440633  
Patient Details**

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| Referral Date: |
| Last Name: |
| First Name: |
| Date of Birth: |
| Telephone: |
| Mobile: |
| Address: |
| City: Post code: |

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| Problem: |
| Relevant History: Medication/Medical including social: |
| Referring Doctor: |
| Provider Number: |
| Medical Practice Name : |
| Address: |
| City: Post code: |
| Telephone: Fax: |
| Patients with ear or hearing problems need to have an audiogram prior to their appointment. Indicate yes if you would like us to arrange the audiogram for your patient.  Please arrange a Hearing Test: **Yes or No, results of recent audiogram will be provided** |