



# Audiology Department Request Form

Audiology Dept. Direct Line (020) 7460 5771

Audiology Dept. Direct Fax (020) 7835 2430

**PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL**

**All sections of this form must be fully completed**

Room \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Referring Consultant / GP \_\_\_\_\_

Surname

Forenames

Hospital No.

DoB  Sex  M  F

**AUDIOMETRY**

551030 PURE TONE AUDIOGRAM

551010 SCREENING AUDIOGRAM

551060 SPEECH AUDIOGRAM

551460 UNCOMFORTABLE LOUDNESS LEVELS

551922 TINNITUS MATCHING

**VESTIBULAR TESTS**

551500 VIDEONYSTAGMOGRAPHY (VNG)

551510 CALORICS

551530 POSITIONAL TESTS

551979 HALLPIKE ONLY

554000 EPLEY REPOSITIONING MANOEUVRE

551570 FULL VESTIBULAR INVESTIGATION

551020 SCREENING TYMPANOMETRY

551040 TYMPANOMETRY INC. 1KHZ ART

551400 TYMPANOMETRY INC. ART / ARD

551050 TYMPANOMETRY INCL. SWALLOW TEST

**AUDIOLOGICAL PHYSICIAN CONSULTATION**

551381 INITIAL CONSULTATION (PAEDIATRIC)

551382 FOLLOW UP CONSULTATION (PAEDIATRIC)

551923 INITIAL CONSULTATION (ADULT)

551924 FOLLOW UP CONSULTATION (ADULT)

551380 PAEDIATRIC ASSESSMENT  
(AUDIOLOGY & TYMPANOMETRY)

552017 PAEDIATRIC / NEONATAL SCREENING

551025 SCREENING AUDIOGRAM & TYMPANOMETRY

552022 VRA (EXCLUDING TYMPANOMETRY)

551976 SWIM PLUGS (CUSTOM)

551965 SPECIALISED CUSTOM PLUGS

551620 ABR (NEURO-OTOLOGICAL)

551670 ABR (THRESHOLD)

551831 TE OAE

552004 DP OAE

552023 ELECTROCOCHLEOGRAPHY

**RESULTS TO BE SENT TO:**

\_\_\_\_\_

**HAVE YOU DISCUSSED THIS TEST WITH THE PATIENT**

**YES / NO**

**CLINICAL INFORMATION**

**PROVISIONAL DIAGNOSIS:**

**MEDICAL HISTORY, CLINICAL DETAILS & MEDICATION**

**AUTHORISING SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_