

Paediatric Referral Form

TSH is a not-for-profit organisation supporting children throughout WA with hearing loss and speech and language difficulties through therapeutic intervention programs and private clinics.



Please email this completed referral to: speech@tsh.org.au

Patient Details:

Family Name: _____	Given Name: _____
Date of Birth: _____	
Phone Number: _____	Email: _____
Address: _____	
Medicare Number: _____	
Medicare Reference: _____	Medicare Expiry: _____

Audiological Services:

- | | |
|--|---|
| <input type="checkbox"/> Paediatric Hearing Assessment (0-18 years) | <input type="checkbox"/> Ototoxicity Monitoring |
| <input type="checkbox"/> Auditory Brainstem Response (ABR) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Auditory Processing Disorder Assessment (APD) | |
| <input type="checkbox"/> Sudden Hearing Loss Assessment | |

Speech & Language Services:

- Early Childhood Speech Assessment (<3 years of age)
- School Age Speech Assessment (>3 years of age)
- Early Intervention Speech & Language Delay Program (Talkabout: 2-5 years)
- Therapeutic Intervention Program for Children with a Permanent Hearing Loss

Any Relevant Medical Information:

Referrer Details:

(Practitioner Name, Provider Number,
Medical Practice, Date & Signature)

WEMBLEY

36 Dodd Street
Wembley WA 6014
Services: Audiology & Speech

TSH.V2025.01

COCKBURN

Suite 14/11 Cockburn Integrated
Health Wentworth Parade
Success WA 6164
Services: Audiology & Speech

JOONDALUP

Suite 213 Medical Center West
Cnr Grand Boulevard & Shenton Ave
Joondalup WA 6027
Services: Audiology