

## Hearing Services Program Medical Certificate

### PLEASE SIGN FOR YOUR PATIENT

With this signed medical referral, your patient is eligible for FREE hearing services through the Australian Government Hearing Services Program.

Before we can perform a hearing assessment, we will need you, as a Medical Practitioner to:

- complete the section under **MEDICAL PRACTITIONER CERTIFICATION**
- ensure you have included your **Medicare Provider Number**.

If you require further information, you can visit [www.hearingservices.gov.au](http://www.hearingservices.gov.au) or call us on **(03) 9398 3331**.

#### APPLICANT DETAILS

Family Name

Given Name/s

Date of Birth (dd/mm/yyyy)

#### MEDICAL PRACTITIONER CERTIFICATION

Medical Practitioner Stamp OR Full name of Medical Practitioner

(Must include Medicare Provider Number)

Contact number of Medical Practitioner

**Are there contraindications to the fitting of a hearing device?**

YES (may still be eligible for other hearing services)

NO

Medical Practitioner's Signature

Date (dd/mm/yyyy)