

Vestibular Assessment Referral Form

Client Details

Surname: _____ First name: _____
DOB: _____ Gender: M / F / other UR: _____
Address: _____ Postcode: _____
Mobile / Phone: _____ Email / other: _____
Aboriginal or Torres Strait Islander origin? Y / N Refugee / asylum seeker? Y / N
Interpreter required? Y / N Language: _____

Referral Reason:

Multi-disciplinary Vestibular Service

(GP referrals accepted)

- Barwon Vestibular Assessment Service (BVAS)

Multidisciplinary balance/dizziness investigation - same day
Audiology and Vestibular Physiotherapy assessment.

Assessment includes:

- Pure tone audiogram and tympanometry
- Video head impulse (vHIT)
- Physiotherapy assessment
- Physiotherapy rehabilitation

OR

Audiology Vestibular Assessment

(Specialist referrals only)

- Basic Protocol: Pure tone audiogram, tympanometry, acoustic reflexes, video head impulse (vHIT), cVEMP, VNG, positional testing (hallpike manoeuvre and supine roll)
- Cochlear implant Protocol: Tympanometry, video head impulse (vHIT), calorics, cVEMP, VNG, positional testing (hallpike manoeuvre and supine roll)
- Acoustic Neuroma Protocol: Pure tone audiogram, tympanometry, acoustic reflexes, video head impulse (vHIT), calorics, cVEMP, VNG, positional testing (hallpike manoeuvre and supine roll)



Barwon Health Audiology

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Additional tests available on Specialist request:

- Caloric assessment
- Auditory Brainstem Response (ABR) assessment
- cVEMP threshold assessment (suspicion of superior semi-circular canal dehiscence SSCD)

Please indicate if patient suffers from any of the following as it may impact assessment:

- Visual impairment
- Neck issues
- Previous middle ear surgery. If known please specify:
- Has experienced a fall in the past twelve months. If greater than 1 please specify #: _____
- Recent MRI brain/CT scan. If completed please provide MM/YY _____

Referring Clinicians details

Referrer Name: _____

Address: _____

Clinic/Organisation: _____

Discipline: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Thanks for your referral – please forward completed form to;

Barwon Health Audiology Department, Allied Health HW2, University Hospital Geelong, Ryrie St, Geelong 3220

Phone: (03) 4215 0827

Email: AUDIOLOGY@barwonhealth.org.au

Fax: (03) 4215 0833

