

# *Dr Andrew Talbot*

MB. BS. F.R.A.C.S.

**EAR NOSE AND THROAT SURGEON**

Patient Name \_\_\_\_\_

Patient DOB \_\_\_\_\_

Please assess the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Paediatric ENT               | <input type="checkbox"/> Voice             |
| <input type="checkbox"/> Tonsils, adenoids & grommets | <input type="checkbox"/> Throat and Airway |
| <input type="checkbox"/> Nasal Obstruction            | <input type="checkbox"/> Hearing Loss      |
| <input type="checkbox"/> Sinusitis / Polyps           | <input type="checkbox"/> Tinnitus          |
| <input type="checkbox"/> Rhinoplasty                  | <input type="checkbox"/> Balance / Vertigo |
| <input type="checkbox"/> Snoring and OSA              | <input type="checkbox"/> Ear Problems      |
| <input type="checkbox"/> Epistaxis                    | <input type="checkbox"/> Other             |

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Location:

- CBD Macquarie Street Rooms
- Neutral Bay Rooms
- Bankstown Rooms

Referring Doctor \_\_\_\_\_

Provider Number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

*Address:* Suite 109, 68 Eldridge Rd.  
Bankstown 2200  
*Phone:* 9793 7322  
*Fax:* 9793 7322  
*Email:* atalbot@iinet.net.au

*Address:* 3<sup>rd</sup> Floor, 193 Macquarie  
St. Sydney 2000  
*Phone:* 9223 1114  
*Fax:* 9221 3640  
*Email:* atalbot2@iinet.net.au

*Address:* Suite 6/40 Yeo St. Neutral  
Bay 2089  
*Phone:* 9908 8177  
*Fax:* 9908 7682  
*Email:* atalbot3@iinet.net.au