



Shire Balance Clinic

Vertigo and Dizziness

REFERRAL

Patient Name _____

Diagnosis/ Clinical Notes _____

Treatment Required

- Vestibular Assessment & Treatment
- Balance & Dizziness
- Neurological
- Other

Steroids/ Anti-Nausea Prescribed _____

Private WC CTP NDIS DVA EPC

Signed: _____ Date: _____

Kate Holmes
Provider # 4073801T
B App Sc (Physio)
Advanced Vestibular & Neurological
Physiotherapy

Stephanie Hely
Provider # 4998633H
M. Physio B. Health Science
Advanced Vestibular & Musculoskeletal
Physiotherapy

Menai Central
G 1.02, 5-21 Carter Rd, Menai NSW 2234
Ph: 0401 305 703

Miranda
13/42-44 Urunga Pde, Miranda NSW 2228
Ph: 0402 436 176