



## Request form for a revalidated service

### Client Details

Surname/Family Name

Alpher

First or Given Name

Betty

Voucher Number

123456789X

Date of Birth

01/01/1976

### Privacy and your personal information

Your personal information is protected by law, including the *Privacy Act 1988*. By signing this form you are consenting to and authorising the Department of Health to collect, store and disclose your information, including personal information. You can get more information about the way in which the Department will manage your personal information, including our privacy policy at [www.hearingservices.gov.au](http://www.hearingservices.gov.au). In addition, by signing this form you are indicating you require additional hearing services due to a significant deterioration in your hearing, health or dexterity.

Client Signature

*B. Alpher*

Date

10/08/2019

#POA may only sign on client behalf

n/a

#Power of Attorney

### Provider Details

Provider Trading Name

Can U Hear Me Now

Provider E-mail

[CanUhearMEnow@gmail.com](mailto:CanUhearMEnow@gmail.com)

Qualified Practitioners name

Lysten Closely

Telephone Number

02 1234 5678

Qualified Practitioner Signature

*Lysten Closely*

Date

10/08/2019

### Revalidation services may be requested for two reasons

- Reason A – the client requires a reassessment, or
- Reason B – the client requires a refitting and meets the Eligibility for Refitting.

Once a reason (A or B) has been determined, please fill out the form where relevant. To prevent your application being rejected or sent back as incomplete, please ensure that all relevant sections are **legible** and the supporting evidence has been entered on the form and/or attached as requested. The **Request for a revalidated service** form and supporting evidence can be emailed to [hearing@health.gov.au](mailto:hearing@health.gov.au).

For more information see the webpage on [requesting a revalidated service](#).

## Reason A – client requires a reassessment

Reason	Supporting Evidence	Evidence on client file
A. Significant deterioration in hearing	<ul style="list-style-type: none"> <li>Enter the results of the <b>previous</b> audiogram (from the last 600/800 assessment) and most <b>recent</b> audiogram/screening test (from the last review item 930/940) in the table below indicating deterioration in air conduction or bone conduction thresholds of <b>≥15dB at 2 or more frequencies between 500 to 4000 Hz in at least one ear.</b></li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><b>Tympanometry results</b>, if bone conduction thresholds are not tested.</li> </ul>	<div style="text-align: center;"> <input checked="" type="checkbox"/>   <input checked="" type="checkbox"/> </div>
<b>Revalidated service item</b>		
800 – Reassessment and 810 (audiological case management if applicable)		<input checked="" type="checkbox"/>

### Supporting Evidence for Reason A - item 800 and/or item 810

Please enter the results of the **previous** audiogram (from the last 600/800 assessment) and most **recent** audiogram/screening test (from the last review item 930/940) in the table below indicating deterioration in air conduction or bone conduction thresholds of **≥15dB at 2 or more frequencies between 500 to 4000 Hz in at least one ear.**

Test Date		Left Ear Results (KHz)							Right Ear Results (KHz)						
		0.5	0.75	1	1.5	2	3	4	0.5	0.75	1	1.5	2	3	4
Previous Audiogram 15/02/2017	AC	10	10	30	40	65	50	75	30	30	25	65	65	80	95
	BC														
Current Audiogram 23/05/2019	AC	10	5	45	45	45	75	95	30	30	30	85	100	100	100
	BC														

**AND**

Please indicate the **Tympanometry results** if bone conduction thresholds are not tested to show that the deterioration is not the result of temporary middle ear dysfunction.

**Type A**