



## 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](#).



## Supporting Evidence for Reason B and ECR 1

ECR 1 - The current hearing aid(s) are unsuitable because they can no longer be optimised by adjustments or any other modifications to meet current gain requirements.

### Hearing thresholds

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  $\geq 15\text{dB}$  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	45	50	75	30	30	25	65	65	80	95
	BC														
Current Audiogram 23/05/2019	AC	20	30	45	45	65	75	95	30	30	30	85	100	100	100
	BC														

### Hearing aid fitting range

Please attach the **fitting range** for the client's current device/s.

