

# HEARING AID FUNDING SCHEME TRIAL CONTINUATION FORM

FOR OFFICE USE ONLY	
Received	dd / mm / yyyy
App #:	

## APPROVED ASSESSOR / AUDIOLOGIST DETAILS

Given Name \_\_\_\_\_ Accreditation No. \_\_\_\_\_  
 Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext No. \_\_\_\_\_ Mobile \_\_\_\_\_  
 Re-Assessment Date dd / mm / yyyy

## PERSON'S DETAILS

Given Name \_\_\_\_\_ Date of Birth dd / mm / yyyy  
 Last Name \_\_\_\_\_ NHI No. \_\_\_\_\_

Application Number: \_\_\_\_\_

Previous hearing aids or accessories have been returned to the Manufacturer for a credit.  Yes  No  
 If No, or the Manufacturer has declined the credit: Please advise why.

## ATTACHMENTS

- Current Audiogram** Please attach a current audiogram for all applications which are above the review price point, have requested a BAHA, additional optional accessories or an FM system. These requests require Professional Advisory Team Review.
- Additional Documentation or Additional Pages** *(Please list these here)*

**Note any change of audiologist's or Person's details, Additional Documentation / Pages or information that is relevant.**

**Total Number of pages in this Application** \_\_\_\_\_ Please count all pages including any cover sheets and record the number here.

## HEARING AID OR ACCESSORIES DETAILS

**1 Trial Continuation**

**2 Hearing Aid Details**

**Manufacturer, model and style** (from Ministry of Health Approved Hearing Aid List)

**Bilateral Both ears** \_\_\_\_\_ **List Price:** \_\_\_\_\_

**Unilateral Left ear** \_\_\_\_\_ **List Price:** \_\_\_\_\_

**Unilateral Right ear** \_\_\_\_\_ **List Price:** \_\_\_\_\_

**3 Hearing Aid Accessories**

a)  **Operational Part** e.g. custom earmoulds / shells, ITE / RITE (where the cost of the part is additional to the cost of hearing aids)  
 Note for children up to 21 years in education allow an estimate cost of \$50.00 excl GST per ear for the pre-ordered parts and include order date.

**Manufacturer, item & quantity (wholesale price excl GST per ear):** \_\_\_\_\_

b)  **Additional Optional Items or Enhancing Features** e.g. remote control, connectivity device

**Manufacturer, item & quantity (wholesale price excl GST per ear):** \_\_\_\_\_

c)  **FM System**

**Manufacturer, item quantity & wholesale price excl GST:** \_\_\_\_\_

Where 3 b) or c) is selected please complete the Audiologist Report page 4 to establish essential need and provide a copy of the current audiogram (obtained 6 months for children or 12 months for adults) to allow a Professional Advisory Team review.

**4 Total Price of this application per ear: add together 2 + 3a + 3b**

a)  **On or Below the Review Price Point (No Audiologist Report is required unless 3b + 3c has been selected)**

Total Price Left ear excl GST \$ \_\_\_\_\_ Total Price Right ear excl GST \$ \_\_\_\_\_

b)  **Above the Review Price Point**

Where 4b) is selected please complete the Audiologist Report page 4 to establish essential need and provide a copy of the current audiogram (obtained 6 months for children or 12 months for adults) to allow a Professional Advisory Team review.

Total Price Left ear \$ \_\_\_\_\_ Total Price Right ear \$ \_\_\_\_\_

**For applications on or below the review price point (ie 4a only), please briefly advise the level of hearing loss, why the hearing aids / accessories are essential and will benefit the person:**

**AUDIOLOGIST REPORT – Above the review price point, 3b or 3c have been selected**

- 1 a. Describe the person’s primary hearing needs related to the funding criteria selected, such as job, educational, carer, home or language acquisition for children.
- b. Describe why the proposed hearing aids, technological features or accessories are needed to meet the person’s essential listening needs.
- c. Describe the impact of the hearing loss on the person if the proposed hearing aids, technological features or accessories are not provided.

- 2 Ear / Health factors such as ear shape, ear size, ear structure, occlusion, wax, sweat, sensitivity, finger dexterity. Describe why these factors have influenced the selection of the proposed hearing aids, technological features or accessories.

- 3 Environmental factors such as work layout / environment, educational environment, acoustics, wind, moisture, existing equipment available at work. Explain how the environmental factors impact on the person and how this has influenced the selection of the proposed hearing aids, technological features or accessories proposed.

- 4 Describe any safety issues or risks that impact on the person if the proposed hearing aids, technological features or accessories are not provided.

- 5 Has the person worn any previous hearing aids or accessories?  
Please specify make and model, year purchased and explain why the hearing aids, technological features or accessories can’t be reprogrammed, refurbished or altered to meet the change in hearing needs.