

Application for Overscale Hearing Aids

Personal Details

1	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Title	Rank	<input type="text"/>	Mr	Mrs	Ms	Other	<input type="text"/>	<input type="text"/>	
3	Last name	<input type="text"/>								
4	First name/s	<input type="text"/>								
5	Other name/s known as	<input type="text"/>								
6	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				

Assessment for Over-scale Hearing Aids

7 In my professional opinion, the veteran requires over-scale hearing aids as standard funding hearing aids will not meet the veterans needs because the veteran (please

<input type="checkbox"/>	Has severe hearing loss or greater for one or both ears (defined as a hearing loss where the three worst hearing threshold levels, which have been measured at audiometric frequencies of 500, 1000, 2000 and 4000 Hz, are equal to or greater
<input type="checkbox"/>	Has fluctuating hearing (e.g. Meniere's Disease)/ unilateral hearing loss / auditory neuropathy spectrum disorder / auditory processing disorders
<input type="checkbox"/>	Has dead regions/precipitously sloping hearing losses (defined as flat or gradually sloping then threshold increasing at 25dB or more per octave, (Katz 2009), from NZAS Best Practice Guidelines Pure Tone Audiometry, July 2016)
<input type="checkbox"/>	Has poor speech discrimination compared to audiogram (defined as a speech score of below 66%, from NZAS Best Practice Guidelines Speech Audiometry in Diagnostic Hearing Assessment for Young Persons and Adults, July 2016)
<input type="checkbox"/>	Has tinnitus, hyperacusis and/or severe recruitment impacting on the veteran's daily life
<input type="checkbox"/>	Has a need to hear in complex environments, such as noisy workplaces. Please be as detailed as possible.
<input type="checkbox"/>	Has hearing loss and severe communication impairment (defined as a communication difficulty that prevents the person from communicating effectively in his or her daily environment; or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability)
<input type="checkbox"/>	Has special requirements due to multiple disabilities. Please be as detailed as possible.

These criteria are stated in 'A Guide for Audiologists' December 2016

8 Please attach a typed report providing a detailed explanation of any of the boxes ticked. Give as many details as possible.
 (If there are insufficient details, the application may be declined, or returned for more information)

Please provide detailed information about your client's listening needs

Please explain why over-scale hearing aids are required to meet your client's listening needs (why standard hearing aids are not sufficient)

Please explain why any requested accessories are required to meet your client's listening needs

Recommended Over-scale Hearing Aids (ensure recommendations are necessary and relate to the veteran's rehabilitative needs and goals)

9 Brand/Make and Model of Hearing Aid/s (if other aids were trialed please include these also)

10 Cost per Hearing Aid (excluding GST)

11 Other items and costs

12 Approved Audiologist details

Practice Stamp (or address and telephone)

Audiologists name (print)	Signature	Date
		/ /