The TAC can pay the reasonable costs of audiological services that are required as a result of a transport accident injury under section 60 of the *Transport Accident Act (1986)*.

This form should be completed by an audiologist (being a health professional eligible for full membership of the Audiological Association of Australia and/or accredited with the Australian Hearing Services).

Audiological services are designed to treat hearing loss and proactively prevent damage to hearing arising out of a transport accident injury.

### 1. Client details

|  |  |  |
| --- | --- | --- |
| Name |  | TAC claim number |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of birth |  | Date of injury |
| /       / |  | /       / |

### 2. Client’s employment details

Is the TAC client currently working, or planning to return to work?  Yes  No

If yes, please provide details of the client’s occupation and job duties, including how many hours per week the client is working:

|  |
| --- |
|  |

If planning a return to work, please provide a date for the client’s return and the number of hours per week they plan to work (can be approximate):

|  |
| --- |
|  |

If no, when was the client last employed?

|  |
| --- |
| /       / |

Is the TAC client studying or re-training for a new job?  Yes /  No

### 3. Hearing device and clinical history

#### 3.1 Please indicate if this device request is for a:

|  |  |
| --- | --- |
|  | New device *(complete 3.3 only)* |
|  | Replacement device *(complete 3.2 and 3.3)* |

#### 3.2 For replacement devices *(please provide information about the reasons for the replacement, the date the original device was fitted and the current device used by the TAC client)*

|  |
| --- |
|  |

#### 3.3 Clinical history *(including ENT history and its relationship to the transport accident injury and any history of previous hearing device use)*

|  |
| --- |
|  |

### 4. Hearing assessment

Date of assessment:

|  |
| --- |
| /       / |

A copy of the test results should be attached to this report including:

* Audiogram (air and bone conduction results including masking where appropriate)
* Speech discrimination results, and
* Middle ear function test results (if applicable).

#### 4.1 Summary of test results

|  |
| --- |
|  |

### 5. Recommended hearing device

Please provide details of the device that is most suitable for the client’s needs.

Binaural hearing aid  Monaural hearing aid  Assistive listening device

Manufacturer

|  |
| --- |
|  |

Style

|  |
| --- |
|  |

Model name *(in full)*

|  |
| --- |
|  |

TAC item number

|  |
| --- |
|  |

Accessory*(if applicable)*

|  |
| --- |
|  |

### 6. Communication assessment

Please provide information regarding the TAC client’s functional communication requirements and goals. Include the following information for each goal:

* The nature and degree of difficulty in the communication environment
* The TAC client’s motivation to improve communication in each environment
* The proportion of time that the TAC client is in that environment

|  |
| --- |
|  |

### 7. Treating Audiologist / Audiometrist details

Provider name:

|  |
| --- |
|  |

Practice name and address:

|  |  |  |
| --- | --- | --- |
|  | | |
|  | | |
|  | Postcode: |  |

Provider number

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Phone number |  | Fax number |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  | /       / |
|  |

### 9. Clinic attendance

I, (full name) attended (name of hearing clinic) on (date) to request a hearing device.

My current phone contact number is

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Signature of TAC client |  | Date |
|  |  | /       / |
|  |

### 10. Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au