

Vendor name	Vendor number
Client name	Claim number

Audiological profile

Date tested	YEAR	MONTH	DAY
<input type="checkbox"/> Tympanometry	<input type="checkbox"/> Puretones		
Word Recognition Scores	RT ____%	LT ____%	SRT RT ____ LT ____
	Right Ear	Left Ear	
Make/Model			
Serial No.			
Ear Mold			
Battery Colour/Size			

Cost share

I agree that since I have a hearing aid that is more expensive than that approved by WorkplaceNL, I will be solely responsible for the additional cost of the aid(s) as well as for the cost and maintenance of any additional accessories associated with use of the hearing aid(s).

Signature of client	Signature of vendor	
WorkplaceNL amount	Client amount	Total

Verification, education, counselling *(Please attach REM results or aided audiogram)*

Client Instructed, Counselling regarding: *(Please check when completed)*

<input type="checkbox"/> Real ear measurement or soundfield results	<input type="checkbox"/> Length of trial period
<input type="checkbox"/> Expectations during adjustment period	<input type="checkbox"/> How to change wax guard & how often
<input type="checkbox"/> How to clean & how often	<input type="checkbox"/> Proper use of hearing aid
<input type="checkbox"/> How to care for	<input type="checkbox"/> Battery insertion/removal
<input type="checkbox"/> Battery usage	<input type="checkbox"/> Given owners manuals, cleaning tools & case(s)
<input type="checkbox"/> Given Dri-Aid kit	<input type="checkbox"/> Telecoil use (if applicable)
<input type="checkbox"/> Given initial pack of batteries	<input type="checkbox"/> Client able to manipulate volume
<input type="checkbox"/> Client able to insert/remove hearing aid	<input type="checkbox"/> Review of troubleshooting guide

Comments

Provider: _____ Clients Signature: _____ Date: _____