Examiner Report of Need for a Hearing Aid

1. Member Information:

A. Member Name: Click or tap here to enter text.	B. Member State ID#: Click or tap here to enter text.	C. Date of Birth: Click or tap here to enter text.

2. Medical Evaluation:

D. Medical clearance granted: ☐ Yes ☐ No *or*
Informed consent signed if member is an adult age 21 or over: ☐ Yes ☐ No

3. Hearing Evaluation:

E. Copy of hearing evaluation attached?
☐ Yes ☐ No

F. Other Pertinent accompanying information attached?
☐ Yes ☐ No

4. Hearing Aid Evaluation/ Selection Summary:

G. Hearing Aid Recommended:
☐ Right ☐ Left ☐ Binaural

H. Is request for replacement of similar make/model hearing aid?
☐ Yes ☐ No

I. If replacement in less than 4 years, can the current aid be adequately repaired?
☐ Yes ☐ No

J. Type of hearing aid(s):
☐ Custom ☐ BTE ☐ Slim Tube/Open

K. Justification for advanced/premium level digital instrument(s)?
☐ Yes ☐ No

L. Invoice/estimate attached?
☐ Yes ☐ No

M. Other pertinent accompanying information attached?
☐ Yes ☐ No

________________________________ ________________
Signature of person submitting this form Date