



Australian Government
Department of Health

Change of Client Details

Office of Hearing Services

This form can be completed online via the portal.

Reason (please tick) Name Change Address Change Client Deceased

Client Details

Surname / Family Name

First or Given Name

Previous Name (s) if changed

Client Number

Centrelink or DVA Card Reference or File

Date of Birth

Gender

Phone Number

Previous Phone Number (if changed)

Client Address

State

Postcode

Email

Previous Client Address (if changed)

State

Postcode

Practitioner Details

Practitioner's Name

Phone Number

Contracted Provider Number

Facsimile Number

Email

Date

When completed
Return this Form To:

Email to:
hearing@health.gov.au

Post to:
Office of Hearing Services
MDP 113, GPO Box 9848
Canberra ACT 2601