COMMUNICATION AND NEEDS ASSESSMENT (CONTINUED)

LET'S SUMMARIZE:

❑ You have told us you have struggled with hearing loss for _____ years.

❑ You have agreed to take ownership of this visit _____ YES _____ NO

❑ You have shared what motivated you to come in today.

_____

(To Patient), in what other environments do you find the level of communication less than you would like?

_____

SUMMARY: Prioritize Environments

Rate	Difficult Listening Environments (Out of Communication)	Cost in Quality of Life (Consequence, Effect, Impact)

If I could help you communicate more effectively in environments 4, 3, 2, and especially 1, is that the **result** you are looking for?_____

EXPLANATION OF AUDIOMETRIC RESULTS

LIVE DEMO

❑ Reference the live voice tests/hearing distance assessment

HEARING INSTRUMENT SELECTION

Hearing Instrument Style _____

Verify key listening environments 1._____ 2._____ 3._____ 4._____

Given your hearing loss and the results you say you are looking for, here is what I recommend for you.

Technology_____

Features_____

Telephone Solutions_____

Accessories_____

IMPRESSIONS:

Custom Fit: To complete the process, I need to take impressions.

Open Fit: To complete the process I need to measure your ear to make sure the tube size is a perfect fit.

Ear Impression

Ear Texture: hard med soft

Canal Length: long med short

RIC/BTE

Tubing Size _____

Earbud/Size _____

Receiver Gain _____

AGREEMENT:

___ Purchase Agreement Complete

___ Present Financing Options

___ Binaural Waiver

___ Delivery Time Line

HEARING HEALTH REPORT

CLIENT HISTORY

PLEASE PRINT

Today's Date _____ - _____ - _____

Last Name _____ First Name _____ MI _____

Address _____ ❑ Male ❑ Female ❑ Married ❑ Single ❑ Widow(er)

City _____ State _____ Zip _____ County _____

Phone ( ) _____ - _____ E-mail Address _____

Date of Birth _____ - _____ - _____ Past/Present Occupation _____

Accompanying Party or Companion _____ Relationship _____

Family Physician Name _____ City _____ Phone _____

Insurance Carrier _____ I.D. No./Policy No. _____

Permission to release a copy of test information to physician? ❑ Yes ❑ No Patient's Signature _____

MEDICAL AND HEARING HEALTH HISTORY

Do you have any allergies? ❑ Yes ❑ No If yes, please list _____

Are you a diabetic? ❑ Yes ❑ No If yes, are you insulin-dependent? _____

Do you have arthritis/rheumatoid arthritis? ❑ Yes ❑ No

Are you currently taking any medications? ❑ Yes ❑ No If yes, please list _____

Are you taking any blood thinners? ❑ Yes ❑ No If yes, please list _____

Do you have ringing or other noises in your ears? ❑ Yes ❑ No If yes, which ear? _____

Have you previously had a hearing test? ❑ Yes ❑ No If yes, by whom and when? _____

Have you received any medical or surgical treatment for your hearing loss? ❑ Yes ❑ No

If yes, when? _____ Explain _____

Physician/ENT _____ City _____ Phone _____

AMPLIFICATION HISTORY

Are you a current hearing aid wearer? ❑ Yes ❑ No Type _____ Ear fitted: ❑ Both ❑ Left ❑ Right

If yes, and you could improve something about your current hearing aids, what would that be? _____

_____

Do you know anyone who wears hearing aids? ❑ Yes ❑ No If yes, who? _____

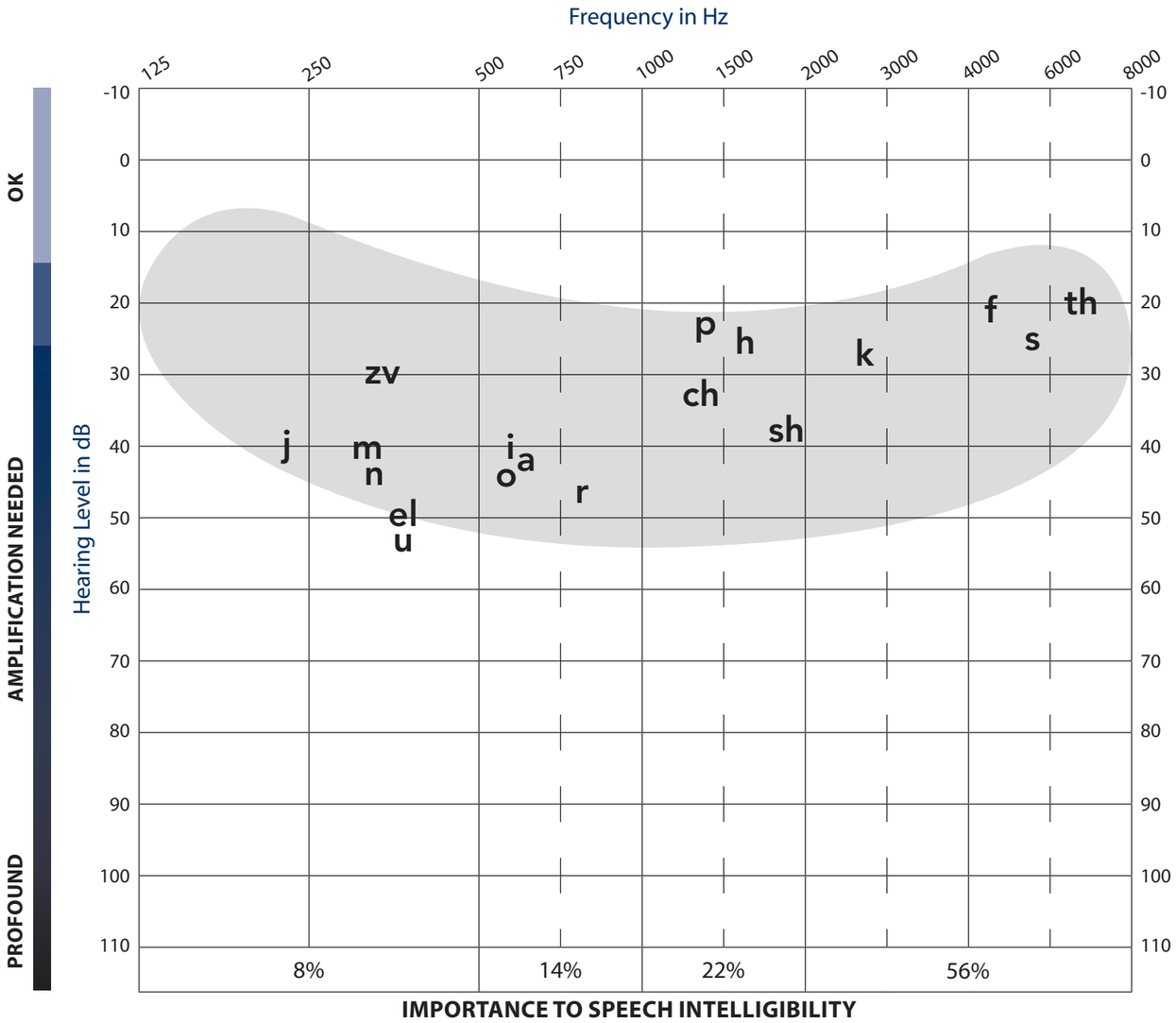
OTOSCOPIC EXAM AND FDA QUESTIONS

Otoscopic Exam: Right Ear _____ Left Ear _____

- Visible congenital or traumatic deformity of the ear? ❑ Yes ❑ No
- Visible evidence of significant cerumen accumulation or a foreign body in the ear canal? ❑ Yes ❑ No
- Any history of, or active drainage from, the ear within the previous 90 days? ❑ Yes ❑ No
- Any history of sudden or rapidly progressive hearing loss within the previous 90 days? ❑ Yes ❑ No
- Have you experienced any acute or chronic dizziness? ❑ Yes ❑ No
- Is there a unilateral hearing loss of sudden or recent onset within the previous 90 days? ❑ Yes ❑ No
- Have you experienced any pain or discomfort? ❑ Yes ❑ No
- Audiometric air-bone gap equal to, or greater than 15dB at 500 Hz, 1000 Hz and 2000 Hz? ❑ Yes ❑ No

Hearing Care Professional _____ License # _____

EXPLAIN AND PERFORM AUDIOMETRIC TEST



SPEECH TEST RESULTS

EAR	UCL (dB HL)		MCL (dB HL)		SRT (dB HL)	WRS % CORRECT	WRS PRESENT LEVEL	
RIGHT								
LEFT								
BINAURAL	L	R	L	R			L	R

PTA (dB HL)	
L	R

Test Environment
Ambient Noise Level
(in dB SPL)
_____

RESPONSE					
	Left	Right		Left	Right
Air Conduction Unmasked	X	O	Bone Conduction Mastoid Unmasked	>	<
Air Conduction Masked	□	△	Bone Conduction Mastoid Masked	⊐	⊏
UCL	⊓	⊓			

NO RESPONSE					
	Left	Right		Left	Right
Air Conduction Unmasked	X	O	Bone Conduction Mastoid Unmasked	≳	≲
Air Conduction Masked	□	△	Bone Conduction Mastoid Masked	⊐	⊏

Hearing Care Professional _____ License No. _____

COMMUNICATION AND NEEDS ASSESSMENT

WHAT IS GOING ON IN YOUR LIFE AROUND YOUR HEARING?

1. Mr./Mrs./Ms. (Patient), who encouraged you to come see a hearing professional today? _____
2. What have your (friends / family) been saying to you about the level of communication between you and them?
3. **(To Companion)** What sort of things have you noticed about the level of communication between the two of you?

HOW LONG HAVE HEARING DIFFICULTIES BEEN A PART OF YOUR LIFE?

1. **(To Companion)** How **long** has effective communication been an issue between the two of you? _____
2. **(To Patient)** How **long** have you been aware of this communication issue with your friends/family? _____

ARE YOU ALSO HERE FOR YOURSELF?

1. **(To Companion)** Do these difficulties in communication with each other **concern** you? _____
2. **(To Patient)** Does your companion's **concern** about your communication as a couple **concern** you? _____
3. Then, (Mr./Mrs./Ms.), given your **concern**, would it be fair to say that you are not only here for your companion, but you are also here for **yourself**? _____

MOTIVATION LEVEL

1. **(To Companion)** You said that you have been aware of this communication difficulty between the two of you for (#) years. Do I have that right? _____
2. **(To Patient)** You said that you have been aware of these communication difficulties for only (#) years. Do I have that right? _____
3. **(To Patient)** However, you did not come in (#) years ago, or (#) months ago, or even (#) weeks ago. What is different about **now**? _____