

Client fitting



Client: _____ **Clinician:** _____ **Date:** _____ **Voucher Number:** _____

HSP PRV W/C Item No.

Manufacturer: **L** **R**
 Model: **L** **R**
 Serial number: **L** **R**
 Battery size: **L** **R**

Program 1: Program 2: Program 3:
 Program 4: Program 5: Program 6:

Volume control: Yes No Disabled RC: RC DEX TV DEX TV PLAY

Prescriptive method: NAL NL2 NAL NL1 Widex rationale Other:

Tubing/wire size: Dome size: Dome style:

Mould style: Vent option: Size:

Verification: Method: Live speech mapping (LSM) Insertion gain Signal ISTS Other:

Feedback test: Completed No Sensogram: Completed Basic Expanded

Speech enhancer: On N/A Otoscopic examination: Left clear Right clear

Comment on match to target and adjustments needed to match target:

Subjective response:

Volume: Comfortable Too loud at target Too soft at target

Sound quality and clarity: Good Concerns Comment:

Binaural balance: Good Concerns Comment:

Own voice/Occlusion: Good Concerns Comment:

MPO check: Loud clap OK Metal banging OK Raised voice OK Knock OK Keys OK Other:

Comfort/fit: Good Concerns Comment:

Comment/adjustments made:

Aid use discussed and demonstrated:

Cleaning, insertion/removal, battery change, on/off: Yes No Comment:

Volume control and/or program change: Yes No Comment:

Appropriate listening program to establish use: Yes No Comment:

Adaptation/Acclimatisation: Yes No Comment:

Limitations and best uses of hearing devices: Yes No Comment:

Telephone use: Yes No Comment:

Comments:

At follow-up appointment: COSI Claim Speech test Other:

Aided speech: JUG LATCH WICK FAITH SIGN HEM ROD VOTE SHOES BEEP

