

Client follow-up



Client:	D.O.B.:	Clinician:	Date:	Voucher Number:

HSP
 PRV
 W/C

Client perception of sound and usage:

Sound quality:	<input type="checkbox"/> Good <input type="checkbox"/> Poor	Comment:
Any sounds uncomfortable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Own voice/Occlusion:	<input type="checkbox"/> Good <input type="checkbox"/> Concerns	Comment:
TV/radio/phone:	<input type="checkbox"/> Good <input type="checkbox"/> Concerns	Comment:
Feedback problems:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:

Comments:

Management of hearing aids:

Insertion/removal:	<input type="checkbox"/> Good <input type="checkbox"/> Some concerns	Comment:
Battery change and insertion:	<input type="checkbox"/> Good <input type="checkbox"/> Some concerns	Comment:
Use of controls:	<input type="checkbox"/> Good <input type="checkbox"/> Some concerns	Comment:

Fine tuning:

Ear moulds/ear tip comfort:	<input type="checkbox"/> Good fit <input type="checkbox"/> Poor fit	Comment:
Gain settings OK:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
Adjustments made:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:

Comments:

Validation of fitting:

Data logging:
 Hours of use: L R
 VC usage: L R
 Prog usage: L R

COSI evaluated and completed: Yes No
 Comment:

Aided speech testing:

General comments:

Discussed/revised:

<input type="checkbox"/> Adaptation/Acclimatisation	<input type="checkbox"/> Hearing & communication tactics	<input type="checkbox"/> Limitations and best uses of hearing devices
<input type="checkbox"/> Communication in background noise	<input type="checkbox"/> Revealing hearing problem to others	<input type="checkbox"/> Tinnitus management <input type="checkbox"/> ALD
<input type="checkbox"/> Communications in theatres etc.	<input type="checkbox"/> Family and friends assistance	<input type="checkbox"/> Explained batteries/maintenance/future service
<input type="checkbox"/> Role of speech reading & visual cues	<input type="checkbox"/> Use of telephone with hearing aids	<input type="checkbox"/> Explained HSP refit policy

Further action: Finalise claim
 Item No. _____
 Book another follow-up
 Review in 12 mths
 Other:

COSI goals:

(D = degree of change; F = final ability)

Worse 10% of time	No difference Occasionally	Slightly better 50% of time	Better 75% of time	Much better 80-100% of time
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1. _____
2. _____
3. _____
4. _____
5. _____