

Client rehabilitation program & device selection



Client:	D.O.B.:	Clinician:	Date:	Voucher Number:
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HSP PRV W/C

Motivation towards fitting:

COSI established: Yes N/A Comment:

Client advised of appropriate range of devices and features: Fully subsidised Top-up ALD Lifestyle tool used: Yes No

Recommended product/s based on lifestyle: Comment:

Client decision and why: Comment:

Accessories discussed: Yes No Comment:

Health insurance discussed: Yes No Comment:

Batteries/maintenance program discussed: Yes No N/A

Reason for chosen device/Communication & Listening Strategies:

Aid limitations discussed: Yes No Client agreement with goals and rehab program: Yes No

Aid benefits in relation to COSI discussed: Yes No Rehab Plus program and explained and offered: Yes No N/A

Client opted out of Telecoil feature: Yes N/A Rehab Plus program accepted: Yes No

Type and configurations of aids discussed: Yes No

Impressions taken and checked Left ear Right ear

Order: Hearing aid Mould ALD Other:

Manufacturer:

Model: **L**

R

Accessories:

Price quoted:

Discussed quote & conditions: Yes No

Return period discussed: Yes No

Trial offered: Yes No

Notes:

Actions at next appointment: Claim: 640 630 820 830 760 960 840 850

Appointment booked: Fitting Impression Further discussion Other: