REPORT FORMAT WRITING FOR HEARING AID FITTING: ADULT

Name of the client:		Age/Sex: Date				Date		
Case History: Personal History such as Family Size, Profession etc. Medical History: H/O onset of hearing loss H/O other systemic Disease H/O Surgery H/O past and present medication H/O Amplification: Model of hearing aid Ear: Style: Experience with previous hearing aid Audiological Assessment Summary:								
		Diele			.	- ft F	$\alpha -$	
DTV (4D HI)		Right	ear	-	1	Left Ear		
PTA (dB HL) SRT dB HL							-	
WRS (%) at 40 dB S	I /MCI							
UCL for speech	L/IVICL		-	_				
UCL for 500 Hz								
UCL for 1000 Hz							h	
UCL for 2000 Hz				_		700	w-	
				_			-	
UCL for 4000 Hz						494		
Immittance Evaluation:								
Client's portfolio ass	essment:				- X.			
Pre-fitting Counselling	ng:							
Hearing aid Perform	ance:	Ш	SH	1/2				
	Unaided		Test 1		Test 2		Test 3	
	Rt	Lt	Rt	Lt	Rt	Lt	Rt	Lt
WRS at 50 dB HL								
UCL								
Speech in Noise								

test

Test 1:
Test 2:
Test 3
(Specify the settings/fine tuning/date as applicable
(0,000)
Client's Subjective Report/Preference
Perceptual Benefit on questionnaire (CCQ)
-37
Post fitting Counseling:
Consent form signed:
NATE III
IVIIONA