Consultation Checklist



Case History

Otoscopy

Auditory Assessment (must meet the requirement of state hearing aid dispensing laws)

Performed in an Acoustic environment that meets ANSI/ASA S3.1-1999 (R2018) standards

Air & Bone Conduction

Recorded Word Recognition Scores (WRS)

Speech Reception Thresholds (SRT)

Or Speech Awareness Thresholds (SAT) (if necessary)

UCL Testing

MCL Testing (if required by state laws)

Speech in Noise Testing (can also be completed at HAE or Fitting appointments)

Review of Results

Referral to Physician for Medical Clearance (if necessary)

FDA Red Flags

Visible congenital or traumatic deformity of the ear

Active drainage from the ear in the past 90 days

Sudden hearing loss within the past 90 days

Reported acute or chronic dizziness

Unilateral hearing loss of sudden or recent onset within 90 days

Air-Bone gap greater than 15dB at 500Hz, 1 & 2 kHz

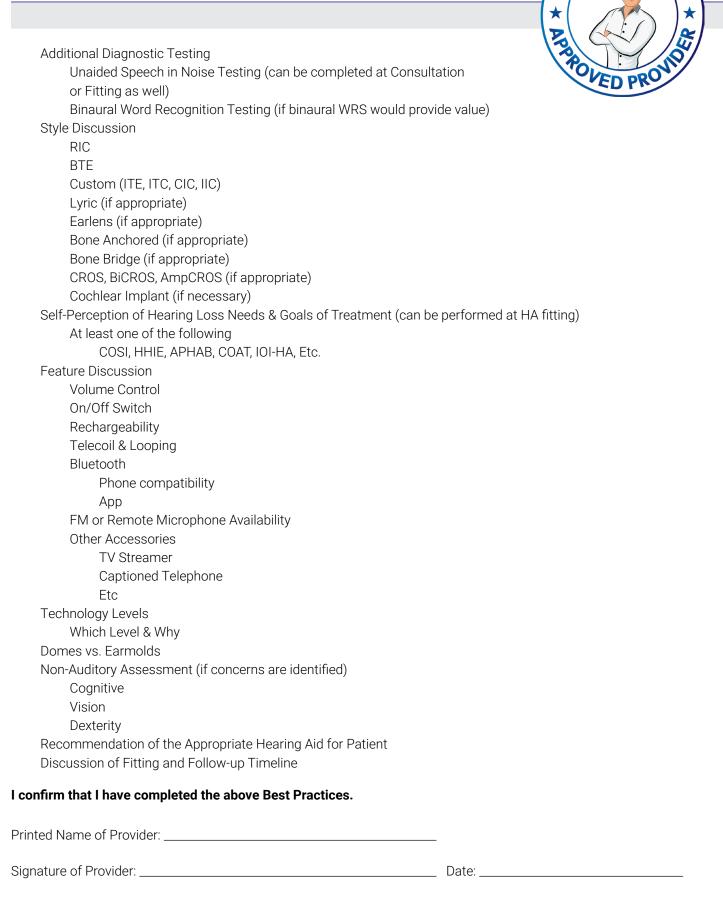
Reported Pain or Discomfort

Visible evidence of excessive cerumen or foreign body in the ear

I confirm that I have completed the above Best Practices.

Printed Name of Provider:		
Signature of Provider	D	ata.

Hearing Aid Evaluation



Hearing Aid Fitting Checklist

Pre-Fitting (Quality Control)

Electro Acoustic Analysis (EAAs) – Test Box measures

Listening Check

Directional Microphone Verification (if device has 2 microphones)

Hearing Aid Fitting

Physical Fit of Domes/Earmolds and Hearing Aid Devices

Comfort

Retention

Orientation of Device on/in ear

Venting Assessment

Feedback Manager

Dome/Earmold Considered Appropriate

Verification (Real Ear Measurement/Speech Mapping)

Using Validated Prescriptive Target

NAL-NL2

DSL i/o

Calibrated Signal (not live voice)

Average 65 dB SPL

Loud 80 dB SPL

Soft 50 dB SPL

Counseling of Results to Patient

Pre-Subjective Outcome Assessment

COSI, APHAB, HHIE, COAT, IOI-HA, etc.

Orientation (a portion of these items can be covered in future fitting follow-up visits)

Insertion & Removal

Patient Practice

Hardware Counseling

Patient Controls

Battery insertion/removal

Hearing Aid Charging

Connectivity (apps/phone)

Accessories

Expectation Counseling

Counseling on Adaptation Period

Warranty Review

Loss & Damage Review

Follow-up Scheduling

Two (2) pre-scheduled Follow-up sessions

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Printed Name of Provider:	
Signature of Provider	Date:



Two (2) Fitting Follow-up Checklist

Post-fit testing

Aided Speech in Noise Testing (if not performed already)

Review

Patient perceptions over first several weeks
Physical & Auditory Comfort?
Datalogging Review
Wear time
Programming Adjustments (if necessary)

Care & Maintenance

Cleaning of devices
Dehydration of devices

Feature Usage (as necessary)

Volume Adjustment Programs App Usage Bluetooth Accessory

Subjective Outcome Assessment (At least one (1) of the following)

COSI, APHAB, HHIE, COAT, IOI-HA, etc.

User Settings Documentation

2cc Coupler reference test at User Settings Used for future verification purposes

Review

Warranty/Loss & Damage Review Communication Strategies Support Group Availability Auditory Training Resources LaceListening.com ClearWorks4Ears.com Etc.

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Printed Name of Provider:		
Signature of Provider	Date:	



Consultation Checklist



Performance Review (every 6 months)

Datalogging Review & Reset
Review of Patient's Perceived Performance
Detailed Maintenance of Devices

Annually (in addition to performance review)

Hearing Evaluation

Threshold check if no reported changes

Comprehensive Hearing Evaluation if changes to hearing reported

Annual Hearing Aid EAAs

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Printed Name of Provider:		
Signature of Provider:	Date:	