

SHF ID #:

## Phase 3 AfterCare Patient Form

Write using "BLOCK" letters. Fill in circles completely  → For mistake, cross out mistake, then circle the correct answer   

Country:

Phase 3 AfterCare City:

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

<b>1. REGISTRATION</b>		COMPLETED BY:							
Surname:			Current Fitting Information:						
First Name:			RESULTS	POWER LEVEL	VOLUME	MODEL	BATTERY	EARMOLD	
Gender: <input type="radio"/> Male <input type="radio"/> Female		DOB: <u>  </u> / <u>  </u> / <u>  </u>	Age:	LEFT EAR			<input type="radio"/> 13 <input type="radio"/> 675		
Mobile Phone Number:			RIGHT EAR				<input type="radio"/> 13 <input type="radio"/> 675		
Type of AfterCare: <input type="radio"/> Service Center <input type="radio"/> School <input type="radio"/> Phone:			<input type="radio"/> 1st Call	<input type="radio"/> 2nd Call	<input type="radio"/> 3rd Call	<input type="radio"/> Patient Unreachable			
Service Center or School Name:			Highest Level of Education Attained: <input type="radio"/> None <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Post Secondary						
<input type="radio"/> Return Visit: Patient is picking up custom earmold(s) and/or repaired hearing aid			Employment Status: <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Not Employed						
Are you having a problem with your hearing aid(s) and/or earmold(s)?			<input type="radio"/> No <input type="radio"/> Yes						
<b>2. EAR SCREENING/OTOSCOPY</b>		COMPLETED BY:							
LEFT	RIGHT	Medical Recommendation: <input type="radio"/> Left <input type="radio"/> Right		Medication Given: <input type="radio"/> Antibiotic <input type="radio"/> Analgesic <input type="radio"/> Antiseptic <input type="radio"/> Antifungal					
Wax.....	.....								
Infection.....	.....	Ears Clear for Assessment: LEFT <input type="radio"/> No <input type="radio"/> Yes		RIGHT <input type="radio"/> No <input type="radio"/> Yes					
Perforation...	.....	Comments:							
<b>3. AFTERCARE ASSESSMENT</b>		COMPLETED BY:							
<b>3A. EVALUATION – Fill in the circles that apply for both the LEFT and the RIGHT ears</b>									
LEFT RIGHT <b>HEARING AID</b>				LEFT RIGHT <b>EARMOLD</b>					
<input type="radio"/> <input type="radio"/> Hearing Aid is Dead or Broken <input type="radio"/> <input type="radio"/> Hearing Aid has Internal Feedback <input type="radio"/> <input type="radio"/> Hearing Aid Power Change Needed <input type="radio"/> Too Low <input type="radio"/> Too Loud <input type="radio"/> <input type="radio"/> Hearing Aid was Lost or Stolen <input type="radio"/> <input type="radio"/> No Problem with Hearing Aid				<input type="radio"/> <input type="radio"/> Discomfort/Earmold too Tight <input type="radio"/> <input type="radio"/> Feedback/Earmold too Loose <input type="radio"/> <input type="radio"/> Earmold is Damaged or Tubing is Cracked <input type="radio"/> <input type="radio"/> Earmold was Lost or Stolen <input type="radio"/> <input type="radio"/> No Problem with Earmold					
<b>3B. SERVICES COMPLETED – Fill in the circles that apply for both the LEFT and RIGHT ears</b>									
LEFT RIGHT <b>HEARING AID</b>				Updated Hearing Aid and/or Earmold Information:					
<input type="radio"/> <input type="radio"/> Tested with WFA® Fitting Method using Demo Hearing Aids <input type="radio"/> <input type="radio"/> Hearing Aid Sent to SHF for Repair or Replacement <input type="radio"/> <input type="radio"/> Refit new Hearing Aid <input type="radio"/> <input type="radio"/> Not Benefiting from Hearing Aid <b>EARMOLD</b> <input type="radio"/> <input type="radio"/> Retubed or Unplugged Earmold <input type="radio"/> <input type="radio"/> Modified Earmold <input type="radio"/> <input type="radio"/> Fit Stock Earmold <input type="radio"/> <input type="radio"/> Took new Ear Impression <input type="radio"/> <input type="radio"/> Refit Custom Earmold				RESULTS	POWER LEVEL	VOLUME	MODEL	BATTERY	EARMOLD
				LEFT EAR				<input type="radio"/> 13 <input type="radio"/> 675	
				RIGHT EAR				<input type="radio"/> 13 <input type="radio"/> 675	
If you are sending in a hearing aid for repair or replacement ensure that you retest the patient using the WFA® Fitting Method with your demo kit. Add the new fitting information above. Comments:									
<b>GENERAL SERVICES:</b> <input type="radio"/> Counseling <input type="radio"/> Batteries Provided: 13 <u>  </u> 675 <input type="radio"/> Refer to AfterCare Service Center <input type="radio"/> Refer to next Phase 2 Mission									
<b>4. FINAL QUALITY CONTROL</b>		COMPLETED BY:							
(For patients 18 and older)									
1. When wearing your hearing aid(s) how satisfied are you with your hearing? ..... (1) <input type="radio"/> Unsatisfied (2) <input type="radio"/> Undecided (3) <input type="radio"/> Satisfied									
2. When wearing your hearing aid(s) do you ask people to repeat themselves or speak louder in conversation? (1) <input type="radio"/> No (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Yes									
Patient Signature (Parent/Guardian if younger than 18 years old): X									
Notes from SHF:									