

Fitting Follow up

Follow up date: 06/03/2025

Patient Name: SHA Test

Date of Birth: 01/01/2012

Audiologist: Manuj Agarwal

Provider Number: 42691213

Referring Physician:

Patient Type: Private ☐ HSP Initial fitting ☐ HSP Refit ☐

HSP Compliance Checklist prior to Follow Up

HSP quote agreement form signed prior or on the date of fitting Hearing aid ☐ Yes ☐ No

verification and validation performed at fitting, if not to do today ☐ Yes ☐ No

Review Device Usage

Clients impression of fitting: Overall client has reported comfort with device use and notices significant listening ease and benefits

Datalogging: adequate use of >5 hours on everyday basis

Comfort: overall comfortable

Sound quality: no concerns with aided sound quality

Review COSI Outcomes

	Degree of Change					Final Ability with hearing aid				
	Worse	No Difference	Slightly Better	Better Much	Better	Hardly Ever 10%	Occasionally 25%	Half the Time 50%	Most of Time 75%	Almost Always 100%
specific needs in order of importance										
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reprogramming at follow up

Details: client preferred slight reduction of HF's for improving comfort with sound quality.

Review Device Verification and Validation (if not completed at fitting appt)

Real Ear Measurements: Live Speech Mapping/ Insertion gain

Targets met: ☐ Yes ☐ No

Aided Speech testing: SPIN/ Live AB words: Live voice, quiet without visual cues

Unaided score: 4/10 Aided score: 9/10

Review Device Management with Reinstructions*

Insertion and removal reviewed: reviewed- no concerns

☐ Battery change & On/Off reviewed: no concerns noted

☐ Usage of VC/PB reviewed: revised use

☐ Cleaning and maintenance reviewed: no concerns noted

☐ Usage of app and audio streaming via bluetooth:

☐ Education on impact of hearing loss and hearing loss prevention reviewed: revised

☐ Communication strategies reviewed: revised

Appointment Summary Notes:

overall client acknowledges improved listening and is able to independently manage hearing devices.

Appointment outcome checklist

Plan of action ☐ Private fitting complete ☐ HSP Fitting complete, activate HSP claim ☐ 2nd follow up appt ☐ Rehabilitation plus appt for FTC

HSP Claim : ☐ 630/640/820/830/840/850

Future recall: ☐ Yes ☐ No