Fitting Follow-up Document

Follow up date: June 3

Audiologist: Manujagawal

Provider Number: 4269121J

Patient Name: John Smith

Date of Birth: January 1

Referring Physician: Dr

Patient Type:

• Private: {{CHECKBOX\_PRIVATE}} (Use “[X]” for checked or “[ ]” for not)

• HSP Initial fitting: {{CHECKBOX\_HSP\_INIT}}

• HSP Refit: {{CHECKBOX\_HSP\_REFIT}}

HSP Compliance Checklist prior to Follow Up

• HSP quote agreement form signed? [X]

• Hearing aid verification and validation performed at fitting? {{CHECKBOX\_HA\_VERIFICATION}}

Review Device Usage

Client impression of fitting: {{CLIENT\_IMPRESSION}}

Datalogging usage: {{DATALOGGING}}

Comfort: {{COMFORT}}

Sound quality: {{SOUND\_QUALITY}}

Review COSI Outcomes

Degree of Change, Final Ability with hearing aid:

{{COSI\_OUTCOMES}}

Reprogramming at follow up:

Details: {{REPROGRAMMING\_DETAILS}}

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

Real Ear Measurements (Live Speech Mapping or Insertion gain):

Targets met? [ ]

Aided Speech testing (SPIN or AB words):

Unaided score: {{UNAIDED\_SCORE}}

Aided score: {{AIDED\_SCORE}}

Review Device Management with Reinstructions:

• Insertion and removal reviewed: {{CHECKBOX\_INSERTION\_REMOVAL}}

• Battery change & On/Off reviewed: [X]

• Usage of VC/PB reviewed: {{CHECKBOX\_VC\_PB}}

• Cleaning and maintenance reviewed: [X]

• Usage of app & audio streaming: {{CHECKBOX\_APP\_USAGE}}

• Education on impact of hearing loss & prevention: [X]

• Communication strategies reviewed: [X]

Appointment Summary Notes:

Auto-filled from audio transcript.

Plan of action:

• Private fitting complete: {{CHECKBOX\_PRIVATE\_FITTING\_COMPLETE}}

• HSP Fitting complete, activate HSP claim: {{CHECKBOX\_HSP\_FITTING\_COMPLETE}}

• 2nd follow up appt: {{CHECKBOX\_SECOND\_FOLLOWUP}}

• Rehabilitation plus appt for FTC: {{CHECKBOX\_REHAB\_FTC}}

HSP Claim: {{HSP\_CLAIM\_NUMBER}}

Future recall: [X]

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