Fitting Follow-up Document

Follow up date: {{FOLLOW\_UP\_DATE}}

Audiologist: {{AUDIOLOGIST}}

Provider Number: {{PROVIDER\_NUMBER}}

Patient Name: {{PATIENT\_NAME}}

Date of Birth: {{DOB}}

Referring Physician: {{REFERRING\_PHYSICIAN}}

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? {{CHECKBOX\_HSP\_QUOTE}}

• 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? {{CHECKBOX\_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: {{CHECKBOX\_BATTERY}}

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

• Cleaning and maintenance reviewed: {{CHECKBOX\_CLEANING}}

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

• Education on impact of hearing loss & prevention: {{CHECKBOX\_EDUCATION}}

• Communication strategies reviewed: {{CHECKBOX\_COMMUNICATION}}

Appointment Summary Notes:

{{APPOINTMENT\_NOTES}}

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: {{CHECKBOX\_FUTURE\_RECALL}}

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