

CUSTOMER INFORMATION

Customer: _____ Date: _____
 Preferred Name: _____ Time: _____
 Preferred Language: _____ Length: _____
 Age: _____ Status: _____
 Consultant: _____ Referral Source: _____
 Type: _____ Referral Subcategory: _____
 Sub Type: _____

DELIVERY APPOINTMENT CHECKLIST

PRE APPOINTMENT: Complete one-day prior to appointment

- ☐ Check the product order for accuracy
- ☐ Prepare the hearing aid
 - ☐ Assemble the device (If necessary)
 - ☐ Program hearing aid to the patient's loss
 - ☐ Charge the device
 - ☐ Pair any accessories
 - ☐ Biological Check
 - ☐ Put all items plus Point of Delivery Kit in the presentation box
- ☐ Review the Communications Profile and Lifestyle Assessment
- ☐ Confirmation Call

DELIVERY APPOINTMENT: Complete during delivery appointment

- ☐ Acknowledge their decision
- ☐ Counsel on expectations
- ☐ Include the companion; share the importance of their involvement and support
 - ☐ Talk about the adjustment period and wearing schedule
 - ☐ Remind them to be patient and have a sense of humor
 - ☐ Educate the companion on how they can help
- ☐ Review Audiogram, and Lifestyle Assessment
- ☐ Verify the Fitting (REM or Speech Mapping)
- ☐ Complete the Delivery Checklist
- ☐ Handle any last-minute questions or concerns
- ☐ Schedule trial adjustment follow-ups
- ☐ Encourage the customer to CALL ANYTIME
- ☐ Schedule an after-delivery phone call

APPOINTMENT OUTCOME

Appt Sub-Type:	HA - Initial Fitting	HA - Initial Redelivery	HA - Repair/Service	Accessories/Ear Mold
Outcome Result:	<input type="checkbox"/> Delivery complete <input type="checkbox"/> Delivery incomplete <input type="checkbox"/> Aural Rehab Recommended <input type="checkbox"/> Modified HA <input type="checkbox"/> Product Issue <input type="checkbox"/> Referral Program patient	<input type="checkbox"/> Delivery complete <input type="checkbox"/> Delivery incomplete <input type="checkbox"/> Loss And Damage Delivery <input type="checkbox"/> New Product Received <input type="checkbox"/> Patient Not Satisfied <input type="checkbox"/> Patient Satisfied <input type="checkbox"/> Repair Delivery	<input type="checkbox"/> Delivery complete <input type="checkbox"/> Delivery incomplete <input type="checkbox"/> Loss And Damage Delivery <input type="checkbox"/> New Product Received <input type="checkbox"/> Patient Not Satisfied <input type="checkbox"/> Patient Satisfied <input type="checkbox"/> Purchase Made <input type="checkbox"/> Repair Delivery	<input type="checkbox"/> Accessories Received <input type="checkbox"/> Delivery complete <input type="checkbox"/> Delivery incomplete <input type="checkbox"/> Earmold Received <input type="checkbox"/> Purchase Made <input type="checkbox"/> Test Completed
Outcome Notes:	<div style="border: 1px solid black; height: 40px;"></div>			

Speech Pathology: ☐ Tinnitus: ☐ Spouse/Companion present? ☐ Yes ☐ No Medical referral: ☐

PURCHASES

Were there any purchases made during the appointment?

☐ Yes ☐ No

Was a hearing aid demoed or offered at this appointment?

☐ No ☐ Demoed ☐ Offered

☐ Demoed & Offered

HA Rejection Reason

☐ Price objection

☐ Shopping around

☐ Thinking it over

☐ Doubt test results/denial

☐ Have veterans benefit

☐ Not ready

☐ Ins benefit too low or N/A

☐ Questions brand/product

☐ Financing declined

☐ To discuss with companion

☐ Not enough time

Product Solution Recommended

Type _____

Model _____

Price Offered _____

Binaural ☐ Yes ☐ No

Accessories Offered ☐ Yes ☐ No

Callback Date: _____

NOTES