

## REPORT WRITING FORMAT - HEARING AID RECOMMENDATION AND OUTCOME MEASURES- CHILDREN

Name of Child: \_\_\_\_\_ Sex/ Age : \_\_\_\_\_ Date:  
\_\_\_\_\_

Father: \_\_\_\_\_ Mother : \_\_\_\_\_

### 1. Case History:

- Family History:
- Birth History:
- Medical History:
- Amplification History:

### 2. Otoscopic Examination :Yes / No

Findings:

### 3. HEARING ASSESSMENTS:

- BOA/VRA/PLAY AUDIOMETRY: REPORT ATTACHED Yes / No
- LINGS SIX SOUND TEST :

Hearing assesment in real life situation- testing at 1,3,5 feet (unaided)

Distance in feet	A	e	u	m	s	sh
1 Feet						
3 Feet						
5 Feet						
9 Feet						

NOTE:- Mark 'd' for detection, and 'l' for identification

- OBJECTIVE TESTS:

- 1. BERA - Report Attached Yes / No
- 2. OAE - Report Attached Yes / No
- 3. IMMITTANCE AUDIOMETRY - Report Attached Yes / No
- 4. ASSR - Report Attached Yes / No

4 PREFITTING COUNSELLING TO PARENTS/CARE GIVER

Yes / No

5 HEARING AID TRIAL & FITTING DONE & CONSENT FORM SIGNED BY PARENT / CARE GIVER

Yes / No

6 AIDED AUDIOLOGICAL ASSESSMENTS:

- Aided sound field evaluation (thresholds for warble tone, Ling's 6 sounds)

REPORT ATTACHED Yes / No

- Aided testing in real life situation- testing at 3,5,9feet

Distance in feet	A	e	u	m	s	sh
1 feet						
3 feet						
5 feet						
9 feet						

Note:- mark 'd' for detection, and 'i' for identification

- IT-MAIS SCORE: Unaided (Pre H/aid Fitting):

Aided (Post H/aid Fitting): 1 month      3 month      6 month      9  
month      12 month

- **Any Other Assessments:**

7 POST HEARING AID FITTING COUNSELLING FOR CARE, MAINTENANCE ETC.

(Parents can be asked to make a hand written report about it)

8. CONSENT FORM FOR EXPECTATION FROM HEARING AID/OUTCOMES/ NEED FOR THERAPY

9. Report From Parent About Responses Observed (Log To Be Maintained)

Signature and name of the Audiologist with RCI number