

## REPORT OF HEARING AID FITTING AND BENEFIT: ADULT

Name of the client:

Age/Sex:

Date

**Case History:**

**Personal History** such as Family Size, Profession etc.

**Medical History:** H/O onset of hearing loss

H/O other systemic Disease

H/O Surgery

H/O past and present medication

**H/O Amplification:** Model of hearing aid

Ear:

Style:

Experience with previous hearing aid

**Audiological Assessment Summary:**

	Right ear	Left Ear
PTA (dBHL)		
SRT dBHL		
WRS (%) at 40 dBSL/MCL		
UCL(dB HL) for speech		
UCL (dB HL)for 500 Hz		
UCL (dB HL)for 1000 Hz		
UCL (dB HL)for 2000 Hz		
UCL (dB HL) for 4000 Hz		

**Immittance Evaluation:**

**Lifestyle portfolio:**

**Prefitting Counselling:**

**Performance with the hearing aid:**

	Unaided		Test 1		Test 2		Test 3	
	Rt	Lt	Rt	Lt	Rt	Lt	Rt	Lt
<b>WRS at 50 dBHL</b>								
<b>UCL</b>								
<b>Speech in Noise test</b>								

**Test 1:**

**Test 2:**

**Test 3**

**(Specify the settings/fine tuning/date as applicable)**

**Perceptual Benefit on questionnaire (CCQ)**

**Real ear measurements:**

**REUR**

**REAR**

**REIG**

**Hearing Aid recommended:**

**Post fitting Counseling:**

**Consent taken**

**Name and Signature of the Audiologist with RCI Registration number**