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| **Audiological and Hearing Technology Information** | | | | | | | | | | | | | | |
| To retain a master of this form: (1) Save a copy of this form and name the saved copy with child identifier. (2) Fill it out & save. | | | | | | | | | | | | | | |
| Child’s name: | | | | | | | Date of Birth: | | | | | | | |
| Date of initial hearing aid/BAI fitting:  Hearing Aid/BAI 1:  Hearing Aid/BAI 2: | | | | | | | Date of initial cochlear implant stimulation:  Implant 1:  Implant 2: | | | | | | | |
| Chronological Age: | | | | | | | Hearing age (duration of hearing aid or implant use) | | | | | | | |
| **Unaided Hearing** | | | | | | | | | | | | | | |
| Date | Ear | 250 Hz | 500 Hz | | 1000 Hz | 2000 Hz | | 3000 Hz | 4000 Hz | | 6000  Hz | 8000  Hz | SRT/  SDT | Word. Recog |
|  | R |  |  | |  |  | |  |  | |  |  |  |  |
|  | L |  |  | |  |  | |  |  | |  |  |  |  |
| **Hearing Aids/BAIs** | | | | | | | | | | | | | | |
| Ear | | | | Manufacturer | | | | | | Model | | | | |
| R | | | |  | | | | | |  | | | | |
| L | | | |  | | | | | |  | | | | |
| **Aided/BAI Hearing** | | | | | | | | | | | | | | |
| Date | Ear | 250 Hz | 500 Hz | | 1000 Hz | 2000 Hz | | 3000 Hz | 4000 Hz | | 6000  Hz | 8000  Hz | SRT/  SDT | Word. Recog |
|  | R |  |  | |  |  | |  |  | |  |  |  |  |
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|  | Binaural |  |  | |  |  | |  |  | |  |  |  |  |
|  | Results of aided real ear measures: | | | | | | | | | | | | | |
| **Cochlear Implants** | | | | | | | | | | | | | | |
| Ear | | | | Manufacturer | | | | | | Model | | | | |
| R | | | |  | | | | | |  | | | | |
| L | | | |  | | | | | |  | | | | |
| **Implanted Hearing** | | | | | | | | | | | | | | |
| Date | Ear | 250 Hz | 500  Hz | | 1000 Hz | 2000 Hz | | 3000 Hz | 4000 Hz | | 6000  Hz | 8000 Hz | SRT/  SDT | Word. Recog |
|  | R |  |  | |  |  | |  |  | |  |  |  |  |
|  | L |  |  | |  |  | |  |  | |  |  |  |  |
|  | Binaural |  |  | |  |  | |  |  | |  |  |  |  |

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| **Audiological Appointments** | |
| Date | Comments |
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