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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 | 6000Hz | 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 |       |       |       |       |       |       |       |       |       |       |
|  | L |       |       |       |       |       |       |       |       |       |       |
|  | Binaural |       |       |       |       |       |       |       |       |       |       |
|  | Results of aided real ear measures:      |
| **Cochlear Implants** |
| Ear |  Manufacturer | Model |
| R |       |       |
| L |       |       |
| **Implanted Hearing** |
| Date | Ear | 250 Hz | 500Hz | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000Hz | 8000 Hz | SRT/SDT | Word. Recog |
|  | R |       |       |       |       |       |       |       |       |       |       |
|  | L |       |       |       |       |       |       |       |       |       |       |
|  | Binaural |       |       |       |       |       |       |       |       |       |       |

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