

Client: _____

Audiologist: _____

Hearing Protection: _____

Goals set: _____

Follow-up: _____

Please select the dates from the drop-down calendar on the right.

Listening Situations

Number in order of priority

*Follow-up **

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

*At the follow-up appointment record the proportion of time plugs/devices/strategies have been employed listening situation.

Hearing Protection Goals

Number in order of priority

*Follow-up ***

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**At the follow-up appointment record the extent to which *Hearing Protection Goals* have been addressed using this scale:

Not at all: 0 Partially: 1 Mostly: 2 Completely: 3 Exceeded: 4

Comments
