

Hearing Aid Evaluation

Patient Information	
Name:	Age:
Gender: Male Female Other:	
Contact Information	
Email:	Phone:
Medical History	
Any history of ear infections or injuries?	
History of noise exposure or occupational hazards?	
Previous hearing tests or evaluations?	
Lifestyle and Hearing Needs	
Describe typical listening environments:	
Challenges faced in daily communication and social interactions:	
Specific hearing needs or preferences:	

Hearing Aid Preferences

Preferred hearing aid style:

Desired features:

Budget considerations or insurance coverage:

Audiological Assessment

Pure tone audiometry:

Speech audiometry:

Middle ear evaluation:

Additional tests as needed:

Hearing Aid Selection

Based on the assessment results, recommend suitable hearing aid options:

Discuss features and benefits of each recommended hearing aid:

Consider patient preferences, lifestyle, and budget constraints:

Hearing Aid Fitting

Custom mold impressions:

Fitting appointment scheduled for hearing aid selection:

Programming and adjustment of hearing aids for optimal performance:

Trial Period and Follow-Up