

Dr. Cliff AuD Approved Provider Consultation Checklist



Case History

Otoscopy

Auditory Assessment (must meet the requirement of state hearing aid dispensing laws)

Performed in an Acoustic environment that meets ANSI/ASA S3.1-1999 (R2018) standards

Air & Bone Conduction

Recorded Word Recognition Scores (WRS)

Speech Reception Thresholds (SRT)

Or Speech Awareness Thresholds (SAT) (if necessary)

UCL Testing

MCL Testing (if required by state laws)

Speech in Noise Testing (can also be completed at HAE or Fitting appointments)

Review of Results

Referral to Physician for Medical Clearance (if necessary)

FDA Red Flags

Visible congenital or traumatic deformity of the ear

Active drainage from the ear in the past 90 days

Sudden hearing loss within the past 90 days

Reported acute or chronic dizziness

Unilateral hearing loss of sudden or recent onset within 90 days

Air-Bone gap greater than 15dB at 500Hz, 1 & 2 kHz

Reported Pain or Discomfort

Visible evidence of excessive cerumen or foreign body in the ear

I confirm that I have completed the above Best Practices.

Printed Name of Provider: _____

Signature of Provider: _____ Date: _____

Dr. Cliff AuD Approved Provider

Hearing Aid Evaluation



Additional Diagnostic Testing

Unaided Speech in Noise Testing (can be completed at Consultation or Fitting as well)

Binaural Word Recognition Testing (if binaural WRS would provide value)

Style Discussion

RIC

BTE

Custom (ITE, ITC, CIC, IIC)

Lyric (if appropriate)

Earlens (if appropriate)

Bone Anchored (if appropriate)

Bone Bridge (if appropriate)

CROS, BiCROS, AmpCROS (if appropriate)

Cochlear Implant (if necessary)

Self-Perception of Hearing Loss Needs & Goals of Treatment (can be performed at HA fitting)

At least one of the following

COSI, HHIE, APHAB, COAT, IOI-HA, Etc.

Feature Discussion

Volume Control

On/Off Switch

Rechargeability

Telecoil & Looping

Bluetooth

Phone compatibility

App

FM or Remote Microphone Availability

Other Accessories

TV Streamer

Captioned Telephone

Etc

Technology Levels

Which Level & Why

Domes vs. Earmolds

Non-Auditory Assessment (if concerns are identified)

Cognitive

Vision

Dexterity

Recommendation of the Appropriate Hearing Aid for Patient

Discussion of Fitting and Follow-up Timeline

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Dr. Cliff AuD Approved Provider Hearing Aid Fitting Checklist



Pre-Fitting (Quality Control)

- Electro Acoustic Analysis (EAAs) – Test Box measures
- Listening Check
- Directional Microphone Verification (if device has 2 microphones)

Hearing Aid Fitting

- Physical Fit of Domes/Earmolds and Hearing Aid Devices
 - Comfort
 - Retention
 - Orientation of Device on/in ear
- Venting Assessment
 - Feedback Manager
 - Dome/Earmold Considered Appropriate
- Verification (Real Ear Measurement/Speech Mapping)
 - Using Validated Prescriptive Target
 - NAL-NL2
 - DSL i/o
 - Calibrated Signal (not live voice)
 - Average 65 dB SPL
 - Loud 80 dB SPL
 - Soft 50 dB SPL
 - Counseling of Results to Patient
- Pre-Subjective Outcome Assessment
 - COSI, APHAB, HHIE, COAT, IOI-HA, etc.

Orientation (a portion of these items can be covered in future fitting follow-up visits)

- Insertion & Removal
 - Patient Practice
 - Hardware Counseling
 - Patient Controls
 - Battery insertion/removal
 - Hearing Aid Charging
 - Connectivity (apps/phone)
 - Accessories
- Expectation Counseling
- Counseling on Adaptation Period
- Warranty Review
- Loss & Damage Review

Follow-up Scheduling

- Two (2) pre-scheduled Follow-up sessions

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Signature of Provider: _____ Date: _____

Dr. Cliff AuD Approved Provider
Two (2) Fitting Follow-up Checklist



Post-fit testing

Aided Speech in Noise Testing (if not performed already)

Review

- Patient perceptions over first several weeks
- Physical & Auditory Comfort?
- Datalogging Review
 - Wear time
- Programming Adjustments (if necessary)

Care & Maintenance

- Cleaning of devices
- Dehydration of devices

Feature Usage (as necessary)

- Volume Adjustment
- Programs
- App Usage
- Bluetooth
- Accessory

Subjective Outcome Assessment (At least one (1) of the following)

COSI, APHAB, HHIE, COAT, IOI-HA, etc.

User Settings Documentation

- 2cc Coupler reference test at User Settings
 - Used for future verification purposes

Review

- Warranty/Loss & Damage Review
- Communication Strategies
- Support Group Availability
- Auditory Training Resources
 - LaceListening.com
 - ClearWorks4Ears.com
 - Etc.

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Signature of Provider: _____ Date: _____

Dr. Cliff AuD Approved Provider
Long-Term Follow-up Checklist



Performance Review (every 6 months)

- Datalogging Review & Reset
- Review of Patient's Perceived Performance
- Detailed Maintenance of Devices

Annually (in addition to performance review)

- Hearing Evaluation
 - Threshold check if no reported changes
 - Comprehensive Hearing Evaluation if changes to hearing reported
- Annual Hearing Aid EAAs

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Signature of Provider: _____ Date: _____