Look Up

information on eye care and vision
for people with learning disabilities

Telling the Hearing Specialist about me

Your name: _____

The name you like to be called: _____

Date of Birth: _____

NHS number: _____**National Insurance number:** _____

Address for letters: _____

_____

_____

Phone number: _____

GP's name and address: _____

_____

I was helped to complete this form. **Yes** ☐ **No** ☐

If yes please enter their name and address:

Name: _____

Address: _____

_____

Phone no: _____

Things to take to your hearing test:

- A completed copy of this form.
- Your hearing aids (if you have any).
- Your hearing reports (if you have any).
- Your health action plan (if you have one).

Are you deaf or hearing impaired?

Yes ☐ **No** ☐ **Don't know** ☐

Sometimes I find it difficult to hear ☐
Tell us more:

_____

How do you prefer to communicate?
(Spoken word, pictures, Makaton, Lip-Reading, British Sign Language or other):

_____

_____

Do you understand the terms 'Better' or 'Worse'?

Yes ☐ **No** ☐

When was your last hearing test?

_____

Where did you go to have your hearing tested?

_____

What were the results of your hearing test?

_____

_____

_____

Do you have any other problems with your hearing?

Yes ☐ **No** ☐

If 'yes', please comment:

_____

_____

Have you ever been diagnosed as having Tinnitus?

Yes ☐ **No** ☐

Do you ever hear noises in your ears?

Yes ☐ **No** ☐

Are you sensitive to some noises? Or are some noises painful?

Yes ☐ **No** ☐

If 'yes', please comment:

_____

Have you ever had problems with ear wax?

Yes ☐ **No** ☐

If 'yes', please comment:

_____

_____

_____

Have you had any head/ear injuries since your last hearing test?

Yes ☐ **No** ☐

If 'yes', please comment:

_____

Have you ever had to go to hospital with problems with your hearing?

Yes ☐ **No** ☐ **Don't know** ☐

If 'yes', why did you have to go?

_____

Which hospital did you go to?

_____

Has anyone in your family had hearing problems?

Yes ☐ **No** ☐ **Don't know** ☐

If 'yes', please write details below

_____

_____

_____

_____

When you have your hearing test, the audiologist will need to look in your ears and do some tests to see how well you can hear.

I will be OK going to a new place with new people

Yes ☐ **No** ☐ **Don't know** ☐

Comments:

_____

_____

_____

I will be OK waiting for up to 30 minutes

Yes ☐ **No** ☐ **Don't know** ☐

I will be OK being in a waiting room with other people

Yes ☐ **No** ☐ **Don't know** ☐

Please comment on any concerns regarding waiting:

_____

_____

_____

I will be OK sitting still during my hearing examination

Yes ☐ **No** ☐ **Don't know** ☐

Tell us more:

_____

I will be OK if the hearing specialist needs to touch my face and ear during my hearing examination

Yes ☐ **No** ☐ **Don't know**

Tell us more:

_____

I will be OK if the hearing specialist comes very close to me.

Yes ☐ **No** ☐ **Don't know** ☐

Tell us more :

_____

I will be OK wearing headphones over my ears

Yes ☐ **No** ☐ **Don't know** ☐

Tell us more;

_____

I will be OK with having ear moulds fitted.
[These are pieces of plastic shaped to fit the inside of your ear]

Yes ☐ **No** ☐ **Don't know** ☐

Tell us more:

_____

I use a wheelchair.

Yes ☐ **No** ☐

I can move safely from my wheelchair to another seat.

Yes ☐ **No** ☐

Please comment on your wheelchair use:

_____

_____

_____

Do you have any health problems or disabilities?

Yes ☐ **No** ☐

If 'yes', what are they:

_____

_____

_____

_____

Do you take any medication?

Yes ☐ **No** ☐

If 'yes':

What is it called and what is the dose?	**What is it for?**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any allergies?

Yes ☐ **No** ☐ **Don't know** ☐

If 'yes', what are they:

_____

_____

_____

_____

Please record here any other information which would be useful:

_____

_____

_____

_____

_____

_____