

Please complete in full printing in **black ink**.

Claim Number

A. Worker and Employment Information

Last Name		First Name		Initial
Date of Birth	dd	mm	yyyy	Total number of visits (from dispense to progress follow-up) <input type="checkbox"/> 1 - 2 <input type="checkbox"/> 3 - 4 <input type="checkbox"/> 5 or more
<input type="checkbox"/> Worker has completed the NIHL POC		OR		<input type="checkbox"/> Worker did not return / self-discharged from NIHL POC
<input type="checkbox"/> Worker has retired		OR		<input type="checkbox"/> Worker is at work
				Job Title

B. Health Professional Information

<input type="checkbox"/> Audiologist		<input type="checkbox"/> Hearing Instrument Practitioner		Service Code NIHLOR	
<input type="checkbox"/> Other:		▼ Complete these fields if HST is applicable to this form ▼			
Health Professional Name		HST Registration No.	Service Code	HST Amount Billed	
Facility Name		ONHST \$			
Facility Address (no. street, apt.)		WSIB Provider ID.			
City/Town		Your Invoice No.			
Postal Code		Province	Date of Service		
Telephone		dd mm yyyy			
(at Progress Follow-up or use date of report if worker did not return)					

C. Hearing Aid Technology/Device Selection

Manufacturer		Date of Dispense		dd	mm	yyyy
Model	Type	<input type="checkbox"/> Right		<input type="checkbox"/> Left		<input type="checkbox"/> Both ears

D. NIHL POC Hearing Aid Outcome Questionnaire

Completed by worker? Yes, see details below No, please provide explanation:

Statement Range: 5 (strongly agree) to 1 (strongly disagree) or N/A	Score	Statement Range: 5 (strongly agree) to 1 (strongly disagree) or N/A	Score
1. I can insert the batteries into my hearing aids.		9. I am getting used to the sound of my own voice when I wear my hearing aids.	
2. I can tell the right hearing aid from the left hearing aid.		10. I can understand a conversation in a quiet place when I wear my hearing aids.	
3. I can insert the hearing aids into my ears.		11. I can understand a conversation in a noisy place when I wear my hearing aids.	
4. I can operate all of the controls on my hearing aids (buttons, switches).		12. I can understand television when I wear my hearing aids.	
5. I can operate the remote control or other accessories for my hearing aids.		13. I can understand conversation on the telephone when I wear my hearing aids.	
6. I can clean and care for my hearing aids.		14. I am satisfied with my hearing aids overall.	
7. I am getting used to the sound quality of my hearing aids.		15. Is there another situation you would like to describe related to the use of your hearing aids? (Describe)	
8. I am getting used to the feeling of the hearing aids in my ears.			

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E. Barriers to Hearing Aid Use (please check all that apply)

None
 Health
 Social
 Cognitive
 Other

Please provide details:

F. Hearing Services Provided (please check all that apply)

<p>1. Assessment</p> <p> <input type="checkbox"/> Audiometric testing (if not conducted in the past 6 months) <input type="checkbox"/> Evaluation of communication needs <input type="checkbox"/> Pre-fitting counselling and information for workers <input type="checkbox"/> Selection of appropriate hearing aid technology <input type="checkbox"/> Prescription *keep a copy on file <input type="checkbox"/> Other, please specify: </p>	<p>3. Initial Follow-up (2-4 weeks post-fitting)</p> <p> <input type="checkbox"/> Reprogramming <input type="checkbox"/> Physical fit adjustments <input type="checkbox"/> Cleaning, repairs and remakes as needed <input type="checkbox"/> Worker education and reinstructions <input type="checkbox"/> Other, please specify: </p>
<p>2. Dispensing and Fitting (1-2 weeks post-assessment)</p> <p> <input type="checkbox"/> Listening check and electroacoustic measures <input type="checkbox"/> Hearing aid programming <input type="checkbox"/> Physical fit and sound quality of hearing aid <input type="checkbox"/> Hearing aid instructions <ul style="list-style-type: none"> <input type="checkbox"/> Insertion and removal of instruments <input type="checkbox"/> Batteries (size, how to change, disposal) <input type="checkbox"/> Usage patterns / adjustment <input type="checkbox"/> Manipulation of remote controls and /or special features and accessories <input type="checkbox"/> Access to multiple programs for varying listening situations <input type="checkbox"/> Telephone use <input type="checkbox"/> Assistive listening device coupling <input type="checkbox"/> Routine maintenance, safe storage, warranty information <input type="checkbox"/> Worker education (e.g. counselling, education, information and social supports) <input type="checkbox"/> Verification using real ear measurements *keep a copy on file <input type="checkbox"/> Provision of batteries for first year of use <input type="checkbox"/> Other, please specify: </p>	<p>4. Progress Follow-up (90 days post-fitting)</p> <p> <input type="checkbox"/> Validation: Completion of NIHL POC Hearing Aid Outcome Questionnaire <input type="checkbox"/> Validation: Hearing aid use data: _____ hours / day Comments: </p> <p> <input type="checkbox"/> Reprogramming and physical fit adjustments <input type="checkbox"/> Cleaning, repairs and remakes as needed <input type="checkbox"/> Worker education and reinstruction <input type="checkbox"/> Other, please specify: </p>

G. Hearing Health Care Provider Signature

Worker's file contains: Prescription Verification using real ear measurements

Please submit with this report: Manufacturer's invoice (if not already submitted) NIHL POC Hearing Aid Outcome Questionnaire

Signature	Date of Report	dd	mm	yyyy
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