The University of Memphis Speech and Hearing Center Guidelines for Provision of Amplification for Adults

Spring 2011
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Introduction

This monograph is a guideline for provision of amplification for adult patients in the Speech and Hearing Clinic of the School of Communication Sciences and Disorders of the University of Memphis. It has been formulated to exemplify best practice standards in a teaching clinic. Because of our teaching function, we consider it to be important for student audiologists to gain experience with a variety of approaches. Thus, the protocol probably includes some aspects that could be selectively omitted with particular patients by an experienced practitioner.

The protocol views amplification provision as a six-step process in addition to the basic hearing evaluation. It is our opinion that best practice standards require that each step should receive attention for every patient. However, this does not mean that every patient should receive exactly the same clinical procedures: this should be adapted to the needs of the patient to proceed through the service and the requirements of students to expand and solidify their clinical repertoire. The steps and their relationship to Memphis Speech and Hearing Center (MSHC) clinic appointments are shown below.

<table>
<thead>
<tr>
<th>MSHC Appointment Code</th>
<th>Step 0: Assessment</th>
<th>Hearing Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Pre-fit consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2: Selection of amplification</td>
<td></td>
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<tr>
<td>Step 3: Pre-fit programming</td>
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<td></td>
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<tr>
<td>Step 4: Initial fitting &amp; verification of targets</td>
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<td></td>
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<tr>
<td>Step 5: Post-fit management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 6: Validation (long-term outcomes)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to use this protocol

Each of the six steps, as well as the interface of hearing assessment with amplification provision, is explicitly addressed in the document on pages 6-15. This is the protocol. A separate hard copy of the protocol is used for each patient. The clinician places a check mark beside each item that is completed. The protocol summary sheet with any relevant comments is placed in the patient’s file so that a clear summary of previous tests and actions is available to the next clinician who works with the patient.

The rest of the monograph comprises an Appendix that includes facsimiles of forms and questionnaires that are used in the protocol. When the protocol refers to a document that is included in the Appendix, the name of the document is italicized. These are for clinician reference. They are not formatted for use with patients and should not be copied for this purpose. Patient-ready copies of forms and questionnaires are available in the clinic area.

Robyn Cox             Lisa Lucks Mendel             Virginia Hull Bell

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Step 0: Assessment [Hearing Evaluation Appointment]

Goal: Determine type and magnitude of hearing loss

Patient Present

☐ Comprehensive case history
☐ Otoscopic inspection
☐ Tympanometry
☐ Acoustic reflex thresholds
☐ Acoustic reflex decay
☐ Otoacoustic Emissions (Distortion Product or Transient)
☐ Air conduction thresholds
☐ Speech Recognition Thresholds
☐ Word Recognition Score
☐ PIPB rollover
☐ Bone conduction Thresholds
☐ Identify type and extent of hearing loss
☐ Determine need for medical/surgical treatment and/or referral to a licensed physician. If needed give patient a copy of the *List of ENTs* in the Memphis area.
☐ Determine need for medical clearance/waiver
☐ Counsel regarding test findings, patient concerns, and recommendations
☐ Determine whether or not the patient is a good candidate for hearing aids and is interested in pursuing hearing aids. If so, the *Hearing Abilities Questionnaire* and information about the *Medical Clearance Form* or *Medical Waiver Form* should be given so that they are completed and brought to the Hearing Aid Consultation appointment.
☐ Determine if other referrals are required.
☐ Schedule Hearing Aid Consultation Appointment before the patient leaves.

Primary appointment for the above procedures is the hearing evaluation, although time may not permit completion of all needed procedures. Additional testing can be completed during the Hearing Aid Consultation appointment.

Brochures/Handouts to be given to patient at step #0:

☐ Hearing Aid Consultation Appointment card
☐ *Hearing Abilities Questionnaire*
☐ *Medical Clearance Form* or *Medical Waiver Form*
☐ (If Applicable) *List of ENTs*
☐ (If Applicable) *Client Assistance Program (CAP) Application*
Step 1: Pre-fit Consultation  [Hearing Aid Consultation Appointment]

Goals: Needs assessment, probe mic (RECD), loudness perception, SNR loss
       Treatment Planning (identify areas of difficulty and need)

Patient Present

☐ Make sure you have received medical clearance for fitting the hearing aid or have a waiver signed by
   the patient. MEDICAL CLEARANCE IS REQUIRED FOR PATIENTS LESS THAN AGE 18.
☐ Be alert to pertinent information regarding patient’s general health, psychological status, and visual
   status (from case history and observation of patient)
☐ Review Hearing Abilities Questionnaire completed by patient.
☐ Administer the COSI Questionnaire
☐ Measure SNR Loss using the QuickSIN; administer additional speech perception assessments as
   needed
☐ If indicated based on clinical impressions or acoustic reflex thresholds, measure thresholds of
   discomfort using pure-tone, warble tones or 1/3 octave narrowband noise
☐ Administer and score the ECHO Questionnaire. Review results with patient and counsel as needed.
☐ Counsel patient and family/caregiver regarding the results of the QuickSIN, a realistic understanding
   of potential benefits, limitations and cost of amplification.

Checklist of Brochures/Handouts to be given to patient at step #1:

☐ Helpful Hearing Aid Expectations information sheet
☐ MSHC Letter To Prospective HA Users
☐ (If Applicable) Lion’s Club Program Information and application
☐ Complete Hearing Aid Protocol Summary Sheet for this step.
Step 2: Selection of Amplification System [Hearing Aid Consultation Appointment]

Goals: Define the appropriate physical and electroacoustic characteristics of the hearing aid and use this information to select an appropriate device.

Patient Present

☐ Complete Part 1 of Patient Agreement for HA Provision Services.
☐ Complete the Considerations for Choosing a Hearing Aid for an Adult table.
☐ Measure RECD
☐ Explain process for obtaining hearing aids from MSHC, give patient a copy of the Summary of MSHC Hearing Aid Ordering Process, and consider referral for financial assistance
☐ Sign Consent Form For Taking Ear Impressions; make ear impressions.
☐ Give patient the List Of Dispensers and tell them the state mandated Dispenser Verification Form will be mailed to them later that day. Make sure they understand that they should ask each dispenser about the price, warranty information, and return-policy for the hearing aids.

Dismiss patient.

Checklist of Brochures/Handouts to be given to patient at step #2:

☐ Summary of MSHC Hearing Aid Ordering Process
☐ List of Dispensers
☐ State mandated Dispenser Verification Form (mailed to patient)
☐ Include manufacturer’s hearing aid brochure (if available) with Dispenser Verification Form (mailed to patient)

After the patient leaves:

☐ Create file in NOAH software.
☐ Enter patient’s audiogram in NOAH and save.
☐ Student and clinician use manufacturers’ hearing aid software to select appropriate hearing aid(s) for patient based on information from Considerations for Choosing a Hearing Aid for an Adult table. Write suggested selections at the bottom of this table.
☐ Complete the state mandated Dispenser Verification Form with final hearing aid(s) selected. Make a copy for the patient’s file. Mail to the patient.
☐ Complete the earmold order form showing shell selection and configuration option if BTE fitting.
☐ Document in file that the state mandated Dispenser Verification Form was mailed to patient.
☐ Complete Hearing Aid Protocol Summary Sheet for this step.
Step 3: Pre-Fit Programming

Goals: Check HA function.
Initial Programming to Prescription Targets, using simulated real ear measurements in a coupler (if available)

Patient Not Present

□ Review Hearing Aid Check-in Procedures Form for patient’s file. Make sure hearing aid check-in procedure (test box measures and listening check) has been properly completed.
□ Ensure that the characteristics of earmolds or custom hearing aids (e.g. type of tubing, venting, earmold style, and material, etc.) match what was ordered.
□ Connect hearing aid to the Hi-Pro box (or NOAH Link) and select NAL-NL1 prescription in the manufacturer’s software. (If NAL-NL1 is not available on the manufacturer’s software, DSL i/o or First Fit should be selected as a starting place). Program the HA.

To save time later when the patient is present, refine the programming using simulated real ear measurement in a coupler (if available). On the Verifit under Speech Mapping, select NAL-NL1 prescription, enter thresholds, RECDs, and complete other menu options on the screen. Measure the hearing aid response for soft speech (55 dB SPL), speech @ 70 dB SPL, and MPO. Compare to goals below. Switching from graph to table view may be necessary to see actual dB values.
□ For speech @ 55 dB SPL: the median level of amplified speech should meet the targets
□ For speech @ 70 dB SPL: the median level of amplified speech should be 5 dB below the targets
□ For MPO: the output level will never exceed the MPO targets (*) and should be within 10 dB of them.

Once the goals are reached

□ Save the program in the hearing instrument using NOAH.
□ Print program settings from hearing aid manufacturer software in NOAH.
□ Become familiar with any special features of the hearing aid (e.g., telecoil, noise management system, directional microphone, feedback management, etc.).
□ Complete Hearing Aid Protocol Summary Sheet for this step.
Step 4: Initial Fitting & Verification of Targets [Hearing Aid Fitting & Education 1]

Verification of the hearing aid fitting can be accomplished two ways: (1) Objective Assessment (i.e., using real ear measurement equipment such as the Verifit) or (2) Subjective Assessment (i.e., evaluating patients’ perception(s) of how the hearing aids sound to them). In this protocol, both objective and subjective verification techniques are outlined in detail to provide the student with specific procedures they can follow. Ideally, both objective and subjective verification should be completed. However, if objective verification equipment is not available, then subjective verification procedures should be followed.

Patient Present

- Assess the earmold/hearing aid(s), physical comfort, absence of feedback, ease of insertion and removal, security of fit, and microphone(s) location (check that microphone opening is clear and ports are horizontal for directional microphones)
- Configure all features of the hearing aid in the way that they will be fitted to the patient.

Objective verification of targets

- In real ear measurement select NAL-NL1 prescription, enter thresholds, RECDs, and other pertinent information. (Ideally done before bringing patient back to the room.)
- Measure the noise floor (in REAR #4) to ensure that soft speech will be audible.
  - Insert the probe tube into the patient’s ear. Then insert the hearing aid in the ear and turn it on. With the room quiet, select “Live Speech” on the Verifit. Remain very quiet, and measure the level in the ear canal. This is the noise floor.
  - If soft speech is not at least 10 dB above the noise floor, the noise will affect the measured levels.
- Measure the hearing aid response for soft speech (55 dB SPL), speech @ 70 dB SPL, and MPO. Compare to goals below.
  - For speech @ 55 dB SPL: the median level of amplified speech should meet the targets
  - For speech @ 70 dB SPL: the median level of amplified speech should be 5 dB below the targets
  - For MPO: the output level will never exceed the MPO targets (*) and should be within 10 dB of them.

Subjective verification of targets

Subjective Assessment of soft sound audibility:

- Administer the Ling 6 sounds test (/a, i, u, s, sh, m/) using a soft voice (e.g., as in talking in a library) and no visual cues (have patient close their eyes). Clinician should be in front of patient, about 3 feet away and control his/her level of voice. Patient should identify the sound and repeat it back.
- Record the results on the summary sheet for subjective verification.
Subjective Assessment of comfort of average speech:
Present a recorded speech signal (SIR CD) at a comfortable loudness level (approximately 65 dBC SPL)* from a portable CD player or personal computer and desktop speakers. Ask the patient to judge the comfort level of the signal using the Categories of Loudness Scale (#1 - #7). (The goal should be #4 for experienced users and #5 for new users.)

*In clinic, practice using a basic sound level meter (e.g., Radioshack) to achieve this level in order to establish a mental auditory image for future reference.

☐ Record the number of the patient’s judgment on the summary sheet for subjective verification.

Subjective Assessment of tolerance issues:
Present some loud real world sounds:
  1. Shake a coffee can (12 oz metal can with plastic top, hold by the ends) with four 5/8” hex nuts inside. Ask the patient to judge the comfort level of the sound using the Categories of Loudness Scale (#1 - #7). The goal should be #6 for all users. If the response is lower or higher, make appropriate adjustments to the overall MPO.
  2. Gently shake a 32 oz glass mason jar containing 20-24 glass marbles. Ask the patient to judge the comfort level of the sound using the Categories of Loudness Scale (#1 - #7). The goal should be #6 for all users. If the response is lower or higher, make appropriate adjustments to the high-frequency MPO.

Fine tuning should be minimized until the HA has been worn in daily life.

☐ Record the number of the patient’s final judgment on the summary sheet for subjective verification.

Education About The Hearing Aid
☐ Complete the Hearing Aid Orientation Checklist
☐ Review the user instructional brochure with patient.
☐ Instruct patient about wearing schedule until the next appointment
☐ Complete Part 2 of Patient Agreement for HA Provision Services.

T-Coil
☐ Discuss telephone program with patient and how to get to this function in the hearing aid.
☐ Show the patient how to position the telephone for appropriate use of the t-coil. Let the patient manipulate the aid to get to the telephone program.

Directional Microphone
☐ Discuss directional program with patient and how to get to this function in the hearing aid.
☐ Let the patient manipulate the aid to get to the directional program. If needed, help patient find the control on the aid (or remote) to get to this program. Practice this activity until proficiency is achieved.

Digital Noise Reduction (DNR)
☐ Discuss DNR feature with patient and how this feature works in their hearing aid.
  Make sure they understand that it will not improve their speech understanding ability.
Checklist of Brochures/Handouts to be given to patient at Step #4:

- User/Instructional Brochure
- Contract from dispenser
- Recorded Messages for Telecoil Practice
- Fine Tuning Questionnaire (Questions For The New Hearing Aid User)
- List of On-Call Clinics
- Managing Hearing & Listening Skills Information with appointment scheduled

Checklist of tasks after the patient leaves:

- Prepare Long-Term Outcomes Packet including:
  - Cover letter from supervisor
  - Copy of International Outcome Inventory for Hearing Aids (IOI-HA) with 8th question.
  - Postage return envelope addressed to supervisor
- Place packet in accordion file in clinic labeled Validation (Step 6) under the month that is 3 months from the date of the HA issuance
- Contact the patient by telephone 2 days post-fitting. Complete the Structured Interview 2 days Post Fitting. File in patient’s folder.
- Complete Hearing Aid Protocol Summary Sheet for this step.
Step 5: Post-Fit Management [Hearing Aid Fitting & Education 2]

Goals: Collection of data for fine tuning: repetition of subjective verification tests, observation of hearing aid use data log information, review of problems noted in the Fine Tuning Questionnaire. Fine tuning as needed. Subjective demonstration of telephone use. Completion of COSI. Recommendation and discussion of additional activities such as audiological rehabilitation (AR) classes or perceptual training (PT), as needed.

Patient not present

☐ Complete Structured Interview 2 Days Post Fitting phone call
☐ Place report of call in patient’s file and document the call in file on Summary of Service page

Patient Present

Fine Tuning

- Repeat subjective verification of targets from Step 4. Include soft sound audibility, comfort of average speech, and tolerance issues.
- Record results on summary sheet for subjective verification.
- Administer second part of COSI and discuss results with patient.
- If available, read data logging from hearing aid and print data log record Check average wearing time since fitting (should correspond closely with #4 of fine tuning questionnaire). If hrs/day low, find out why. Modify fitting or adjust aids as needed and counsel on increasing wearing time. Give a detailed schedule of suggested wearing time. Check volume control use if applicable. If increases or decreases in volume noted, discuss with client how often they are making these changes and ask if they were more satisfied when these adjustments were made. If yes, apply changes to aids (press “apply changes” in software). Consider engaging data learning so if client continues to increase or decrease volume in various programs, the aids will make these corrections once a pattern is established. Check to ensure aids are changing among various programs either automatically or when client accesses manual programs. If client says they are unsure if aids are changing among various programs when in automatic mode, the data logging gives information about what actually occurred. This can be discussed with client and time spent in various programs can be reviewed. If volume changes are noted in other programs, discuss with client to determine if changes need to be applied to these various programs also.
- Review Fine Tuning Questionnaire completed by patient. If a problem is noticed, ask questions to be sure you fully understand the problem.

Keep asking until you can localize the problem to one of these quadrants.
Then identify the software controls that allow you to make the needed changes.

<table>
<thead>
<tr>
<th>Low-frequency, high-level</th>
<th>High-frequency high level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-frequency low level</td>
<td>High-frequency low level</td>
</tr>
</tbody>
</table>

☐ Fine tune hearing aids based on subjective verification data, log of hearing aid use, and patient’s report/complaints (see Fine Tuning Guidelines). Counsel patient, where appropriate, to make sure they understand how to best manage hearing problems.
Subjective demonstration of telephone use with the hearing aid

If aid has a telecoil, put aid in telephone program or counsel patient about automatic switching. Demonstrate positioning of the telephone receiver relative to the aid. Let the patient manipulate the aid to get to the telephone program.

For telecoil aid or acoustic telephone, help the patient find the best phone placement to hear the dial tone. Practice this activity until proficiency achieved.

☐ Record results on summary sheet for subjective verification.

Next, dial one of the numbers listed on the Recorded Messages for Telephone Practice and have the patient listen for loudness and clarity of message. Based on patient comment, manipulate the programming of the aid for this function if necessary.

☐ Record results on summary sheet for subjective verification.

Demonstrate how to return to microphone program when finished with phone use. Let the patient practice this activity until comfortable with telephone usage. Assess patient’s understanding of the telephone feature.

☐ Record results on summary sheet for subjective verification.

☐ If additional telephone magnets are included with the hearing aid which was ordered, read the instructions regarding usage of these magnets. Be able to discuss this information with your patient during the orientation when necessary.

Additional post-fit management activities

☐ If warranted, procedures for subjective demonstration of directional microphones and/or DNR should be conducted. (See appendix).

☐ Discuss possible additional ALD options

☐ Educate patient regarding audiologic rehabilitation (AR) group and other perceptual training (PT) activities

☐ Schedule AR group or PT sessions

☐ If lots of adjustments were made or many patient problems were reported, schedule follow-up appointment for 1-2 weeks.

☐ Complete Hearing Aid Protocol Summary Sheet for this step.
**Step 6: Validation (long-term outcomes)**

Goal: Determine the long-term impact of the intervention.
   This is assessed at about three months post fitting.

The long-term outcomes assessment is designed to meet the following goals:
- Measure the success of the fitting
- Determine if the patient has been helped with his/her problems
- Evaluate the success of the fitting compared to normative data

**Patient Not Present**

- Long-term outcomes packet is mailed to patient at three months post fitting, and documented in patient’s file.
- *International Outcome Inventory for Hearing Aids (IOI-HA)* is returned by mail to supervisor.
- Supervisor and student review IOI-HA and compare to normative data to determine if follow-up is needed.
- Place completed IOI-HA in patient’s file.
- If follow-up is needed, appropriate action should be taken.
- Enter relevant progress notes in file.
- Complete *Hearing Aid Protocol Summary Sheet* for this step.
Appendix.

This appendix includes facsimiles of all the forms, questionnaires, etc that are referred to in the protocol. These are used for clinician reference only. They are NOT formatted for copying and using with patients. Formatted copies of these items are located in the clinic. Students should familiarize themselves with the location in the clinic of all needed forms prior to initiating each step in the protocol.
CATEGORIES OF LOUDNESS

7. UNCOMFORTABLY LOUD
6. LOUD, BUT O.K.
5. COMFORTABLE, BUT SLIGHTLY LOUD
4. COMFORTABLE
3. COMFORTABLE, BUT SLIGHTLY SOFT
2. SOFT
1. VERY SOFT
Client Assistance Program (CAP) Application

The Speech and Hearing Center’s Board of Directors has established a limited fund to assist patients with payment for clinical services. In order to be considered, a patient must complete and submit this form to the Business Office.

Note: A copy of your previous year’s income tax return or other proof of income must accompany this request.

DATE: _____________________________________

PATIENT’S NAME __________________________________________ FILE NUMBER__________________

If patient is a dependent, Parent/Guardian’s name___________________________________________________

ADDRESS:_________________________________________________________________________________

Street   City   State   Zip Code   Phone #

Employed by: _______________________________________________ Title:_______________________________

Married____  Single _____  Widowed_____  Divorced _____

Spouse Name___________________________________

Address_____________________________________________

Employer________________________________________________________________________

Are you a member of a TennCare plan?    Yes_____  No_____ If yes, name of plan_____________________

Do you have health insurance?    Yes_____  No_____  If yes, company name ____________________________

Are you a Medicare recipient?  Yes____  No ___  Are you a university student?  Yes_____  No_____

CONFIDENTIAL INFORMATION

GROSS INCOME FOR PREVIOUS YEAR (all sources of income including your spouse) $________________

NUMBER OF DEPENDENT CHILDREN IN YOUR HOUSEHOLD ________.

EXTRAORDINARY MEDICAL EXPENSES OF A RECURRING NATURE:

   Explain__________________________________________________________________________________

   $________________(annually)

OTHER EXTRAORDINARY EXPENSES OF RECURRING NATURE:

   Explain__________________________________________________________________________________

   $________________(annually)

I understand that approval of this assistance does not release me from the obligation to pay the remaining charges upon receipt of my monthly statement.

_________________________________________   __________________________
Signature          Date

Printed: 4/13/2011
Consent Form for Taking Ear Impressions

I hereby authorize and give the Memphis Speech and Hearing Center and whomever they may designate permission to take ear impressions on my ear(s) for the purpose of making hearing aids, shells for custom hearing aids, or ear plugs. I understand that the following temporary conditions, though unlikely, may occur: itching of the ear canal, tenderness or aching of the ear canal, hematoma (blood clot) of the ear canal or eardrum, bleeding of the ear canal and/or a conductive hearing loss.

________________________________________
Signature

________________________________________
Date

________________________________________
Witness
Considerations For Choosing A Hearing Aid For An Adult.

<table>
<thead>
<tr>
<th>Question or Issue</th>
<th>How Assessed</th>
<th>Y/N</th>
<th>If Yes</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous user?</td>
<td>Consider case history. Ask about likes and dislikes regarding current amplification</td>
<td></td>
<td>May need VC, On/off switch? Counseling re quality changes with WDRC</td>
<td></td>
</tr>
<tr>
<td>Socially active?</td>
<td>How do you spend your day?</td>
<td></td>
<td>Which different environments needed?</td>
<td></td>
</tr>
<tr>
<td>Noisy listening environments?</td>
<td>Tell me about the listening situations in which you have difficulty. Are you often in situations where there is background noise?</td>
<td></td>
<td>Directional microphone (automatic, adaptive?). BTE/ITC Noise management algorithm</td>
<td></td>
</tr>
<tr>
<td>High-frequency options</td>
<td>Check audiogram for steeply sloping configuration or high-frequency dropoff.</td>
<td></td>
<td>Feedback management, Frequency lowering feature.</td>
<td></td>
</tr>
<tr>
<td>Need/desire for automatic functioning?</td>
<td>Consider manual dexterity. Would you prefer to have the HA do everything for you or would you like to have some control?</td>
<td></td>
<td>Willing to accept remote control? Need for VC? Push button control?</td>
<td></td>
</tr>
<tr>
<td>Need/desire for telephone help (landlines only)?</td>
<td>How often do you use the telephone? Do you have trouble hearing over the phone? Do you use your HA with the phone? Which ear? (previous user)</td>
<td>R L</td>
<td>Discuss pros/cons of automatic telecoil. Telecoil or acoustic phone?</td>
<td></td>
</tr>
<tr>
<td>ALD or device compatibility needed?</td>
<td>Do you live alone? Do you use any devices to help you hear better at home or outside home? Do you have trouble hearing the television? Do you have difficulty hearing in a large room? Do you wish to use entertainment devices such as MP3, IPOD, etc?</td>
<td></td>
<td>Alerting device(s). Telecoil or direct audio input for use with personal FM, or loop system. Entertainment device compatibility, eg., streamer.</td>
<td></td>
</tr>
<tr>
<td>Question or Issue</td>
<td>How Assessed</td>
<td>Y/N</td>
<td>If Yes</td>
<td>Recommendation</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-----</td>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Preference for one or two? (see below)</td>
<td>Would you prefer one or two HAs? Check Audiogram. Speech perception asymmetry. Ear anomalies.</td>
<td></td>
<td>Plan a strategy for allowing patient to experience unilateral and bilateral fittings if they wish. Order appropriate hearing aids.</td>
<td></td>
</tr>
<tr>
<td>Research has consistently shown that even patients with bilateral symmetrical hearing loss quite often prefer to wear only one hearing aid. Preference cannot be predicted using audiological variables. Work with patient to find the preferred mode.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preference for HA style</td>
<td>Do you have an opinion about the style of the HA? Are you concerned about other people noticing it?</td>
<td></td>
<td>Show models and/or pictures of different styles</td>
<td></td>
</tr>
<tr>
<td>Coupling Options</td>
<td>Check audiogram configuration, LF hearing, HF hearing, and severity of loss. Custom earmold or dome fitting?</td>
<td></td>
<td>Custom mold: Venting Horn effects Sound bore Receiver mold. Dome: Open Closed</td>
<td>Dome tubing length Oticon____ Siemens_____ Phonak_____ Starkey____ Resound____</td>
</tr>
<tr>
<td>Wax Problems?</td>
<td>Otoscopy. Do you tend to have a lot of wax in your ears? Do you often have the wax in your ears removed?</td>
<td></td>
<td>Wax guard. RIC versus RITA</td>
<td></td>
</tr>
<tr>
<td>Ear drainage?</td>
<td>Otoscopy. Do you have liquid draining from your ears?</td>
<td></td>
<td>Open fitting.</td>
<td></td>
</tr>
</tbody>
</table>

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Possible recommended hearing aids based on above data:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Client Oriented Scale of Improvement (COSI Questionnaire)

**Name:** 

**Audiologist:** 

**Date:** 1. Needs Established  
2. Outcome Assessed 

### Specific Needs

**Indicate Order of Significance**

- [ ] 
- [ ] 
- [ ] 
- [ ] 
- [ ]

### Degree of Change

<table>
<thead>
<tr>
<th>Degree of Change</th>
<th>Final Ability (with hearing aid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worse</td>
<td>Person can hear</td>
</tr>
<tr>
<td>No Difference</td>
<td>10% 25% 50% 75% 95%</td>
</tr>
<tr>
<td>Slightly Better</td>
<td></td>
</tr>
<tr>
<td>Better</td>
<td></td>
</tr>
<tr>
<td>Much Better</td>
<td></td>
</tr>
</tbody>
</table>

### Categories

1. Conversation with 1 or 2 in quiet  
2. Conversation with 1 or 2 in noise  
3. Conversation with group in quiet  
4. Conversation with group in noise  
5. Television/Radio @ normal volume  
6. Familiar speaker on phone  
7. Unfamiliar speaker on phone  
8. Hearing phone ring from another room  
9. Hear front door bell or knock  
10. Hear traffic  
11. Increased social contact  
12. Feel embarrassed or stupid  
13. Feeling left out  
14. Feeling upset or angry  
15. Church or meeting  
16. Other

**National Acoustic Laboratories**
Cover Letter from Supervisor

(on letterhead paper)

Date

Patient’s name
Patient’s address
City, State  zip

Dear Mr./Mrs. Patient’s name,

We are writing to follow-up on your progress since obtaining new hearing aids three months ago from the Memphis Speech and Hearing Center. We are interested in learning if you have been helped with your hearing problems since acquiring our hearing aids. Your satisfaction and success with hearing aids is very important to us. Please take a few moments to complete the enclosed short questionnaire about your hearing aid experiences with the aids received from the Memphis Speech and Hearing Center. Return the completed form in the enclosed stamped and addressed envelope.

After reviewing your information, we will contact you if you want to meet with us for further follow-up.

As always, if you have questions or concerns about your hearing aids, please contact the Memphis Speech and Hearing Center at 678-2009. We look forward to reviewing your information and wish you success in your daily communication.

Sincerely,

Supervisor’s name
Graduate student’s name
Audiologist
Graduate Assistant

Cc: patient’s file
Hearing Aid Prescription Dispenser Verification Form

Client: ____________________________________________

Date of Evaluation: ____________________________________________

Date to Dispenser: ____________________________________________

Clinician(s): _________________________________________________

<table>
<thead>
<tr>
<th>Prescription Information</th>
<th>Right Ear</th>
<th>Left Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer’s Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Options (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional warranty (specify type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Price for each aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipping and Handling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Price</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dispenser Chosen: ____________________________________________

Dispenser Address: ____________________________________________

Telephone Number: ____________________________________________

Fax Number: __________________________________________________

I hereby verify that the stated price quote includes the above options.

Dispenser’s Signature: ____________________________  Date: ____________

Printed: 4/13/2011
ECHO Questionnaire

NAME_________________ GENDER: M F DOB __/__/ TODAY’S DATE ___/___/

INSTRUCTIONS
Listed below are statements about hearing aids. Please circle the letter that indicates the extent to which you agree with each statement. Use the list of words on the right to determine your answer.

How much do you agree with each statement?

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My hearing aids will help me understand the people I speak with most frequently.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>2</td>
<td>I will be frustrated when my hearing aids pick up sounds that keep me from hearing what I want to hear.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>3</td>
<td>Getting hearing aids is in my best interest.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>4</td>
<td>People will notice my hearing loss more when I wear my hearing aids.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>5</td>
<td>My hearing aids will reduce the number of times I have to ask people to repeat.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>6</td>
<td>My hearing aids will be worth the trouble.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>7</td>
<td>Sometimes I will be bothered by an inability to get enough loudness from my hearing aids without feedback (whistling).</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>8</td>
<td>I will be content with the appearance of my hearing aids.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>9</td>
<td>Using hearing aids will improve my self-confidence.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>10</td>
<td>My hearing aids will have a natural sound.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>11</td>
<td>My hearing aids will be helpful on most telephones without amplifiers or loudspeakers. (If you hear well on the telephone without hearing aids, check here □)</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>12</td>
<td>The person who provides me with my hearing aids will be competent.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>13</td>
<td>Wearing my hearing aids will make me seem less capable.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>14</td>
<td>The cost of my hearing aids will be reasonable.</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>15</td>
<td>My hearing aids will be dependable (need few repairs).</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
</tbody>
</table>

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Fine Tuning Questionnaire (Questions for the New Hearing Aid User)
(This questionnaire includes material from GN Resound and the Mayo hearing aid clinic, Jacksonville, FL)

Your answers to the questions below will help us decide how to better assist you and determine what adjustments your hearing aids may need. Answer these questions a day or two before your next visit and bring this form with you when you return.

Handling and Using the Hearing Aids

1. How easy is it to insert and remove your hearing aids?
   - Very Easy
   - Easy
   - Difficult
   - Very Difficult

2. How easy is it to open the battery door and change the battery?
   - Very Easy
   - Easy
   - Difficult
   - Very Difficult

3. Once inserted, how comfortable are your hearing aids to wear?
   - Very Comfortable
   - Comfortable
   - Not Comfortable
   - Very Uncomfortable

4. How many hours/day are you wearing your hearing aids?
   - 0-2 hours
   - 2-4 hours
   - 4-8 hours
   - More than 8 hours

5. If you have volume adjustment controls on your hearing aids, how easy is it to use them?
   - Very Easy
   - Easy
   - Difficult
   - Very Difficult

6. If you have push button controls on your hearing aids, how easy is it to use them?
   - Very Easy
   - Easy
   - Difficult
   - Very Difficult

Quality of Voices

7. When using your hearing aids, how would you describe the quality of your own voice?
   - Acceptable
   - Dull
   - Hollow
   - Metallic or tinny
   - Sharp
   - Boomy

8. When using your hearing aids, how would you describe the overall quality of other’s voices?
   - Acceptable
   - Dull
   - Hollow
   - Metallic or tinny
   - Sharp
   - Boomy

Loudness of Sound with Hearing Aids

9. When using your hearing aids in a quiet situation, how would you describe the overall loudness?
   - Acceptable
   - Too Loud
   - Too Soft

10. When using your hearing aids in a noisy situation, how would you describe the overall loudness?
    - Acceptable
    - Too Loud
    - Too Soft

11. When someone is speaking to you in a soft, low voice and you are wearing your hearing aids, how would you describe the speaker’s voice?
    - Cannot hear it
    - Soft
    - Comfortable
12. When someone speaks to you in a loud voice and you are wearing your hearing aids, how would you describe the speaker’s voice?
   - Uncomfortably Loud
   - Too Loud
   - Loud, But OK
   - Comfortable
   - Too Soft

13. When using your hearing aids, how do you experience sudden loud noises, such as a door slamming or a car horn?
   - Painfully Loud
   - Too Loud
   - Very Loud
   - Loud
   - Not Loud

14. When using your hearing aids, how do you experience high-pitched noises, like dishes rattling or paper crinkling?
   - Very Annoying
   - Annoying
   - Seldom Annoying
   - Not Annoying

15. When using your hearing aids, how do you experience low-pitched noises, like a motor running or traffic in the street?
   - Very Annoying
   - Annoying
   - Seldom Annoying
   - Not Annoying

16. If you have two hearing aids, how often do you wear only one?
   - Never
   - Sometimes
   - Often

17. If you are wearing two hearing aids, does the loudness seem equal between the two ears?
   - Yes
   - No

18. Do you have ringing or buzzing from the hearing aids at times other than when you put them in, take them out, or put your hand over the hearing aid?
   - Yes, When?
   - No

**Understanding Speech**

19. When using your hearing aids and having a conversation with one person in a quiet situation, how would you describe your ability to hear?
   - Very Good
   - Good
   - Not Satisfactory
   - Very Unsatisfactory

20. When using your hearing aids, how would you describe your ability to understand speakers on the television?
   - Very Good
   - Good
   - Not Satisfactory
   - Very Unsatisfactory

21. How would you describe your ability over the telephone when wearing your hearing aids?
   - Very Good
   - Good
   - Not Satisfactory
   - Very Unsatisfactory

22. How would you describe your ability to follow conversations in rather noisy situations – like at a restaurant – when wearing your hearing aids?
   - Very Good
   - Good
   - Not Satisfactory
   - Very Unsatisfactory

Other concerns you may have:
## Fine tuning guidelines (for responses to the questionnaire)

*Be sure you fully understand the problem before making changes. Counsel patient, where appropriate, to make sure they understand how to best manage hearing problems.*

### Questions for the New Hearing Aid User*

Your answers to the questions below will help us decide how to better assist you and determine what adjustments your hearing aids may need. Answer these questions a day or two before your next visit and bring this form with you when you return.

<table>
<thead>
<tr>
<th>Handling and Using the Hearing Aids</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How easy is it to insert and remove your hearing aids?</td>
<td>Watch them do it to see the problem.</td>
</tr>
<tr>
<td>□ Very Easy</td>
<td>Check dexterity</td>
</tr>
<tr>
<td>□ Easy</td>
<td>Use oto-ease</td>
</tr>
<tr>
<td>□ Difficult</td>
<td>Change EM style</td>
</tr>
<tr>
<td>□ Very Difficult</td>
<td>Add filament or removal notches to ITE (custom) aids</td>
</tr>
<tr>
<td></td>
<td>Use mirror</td>
</tr>
<tr>
<td></td>
<td>Pull back on pinna to straighten canal</td>
</tr>
<tr>
<td></td>
<td>Push up behind ear to dislodge aid from ear.</td>
</tr>
<tr>
<td>How easy is it to open the battery door and change the battery?</td>
<td>Use magnet tool for better battery manipulation</td>
</tr>
<tr>
<td>□ Very Easy</td>
<td>Change battery at a table with towel on it so if dropped they can find it.</td>
</tr>
<tr>
<td>□ Easy</td>
<td>Use pencil/pen tip to pop out battery from door.</td>
</tr>
<tr>
<td>□ Difficult</td>
<td>Some BTEs can open door by sliding it across your leg. Towel on table, couch, etc.</td>
</tr>
<tr>
<td>□ Very Difficult</td>
<td>Mark door opening with nail polish so they can see where to pull to open.</td>
</tr>
<tr>
<td>Once inserted, how comfortable are your hearing aids to wear?</td>
<td>Have them insert HAs to see if seated properly</td>
</tr>
<tr>
<td>□ Very Comfortable</td>
<td>Check for pressure points/sores in ear</td>
</tr>
<tr>
<td>□ Comfortable</td>
<td>Trim/modify HA/EM as needed</td>
</tr>
<tr>
<td>□ Not Comfortable</td>
<td>Check length of tubing. If too short or long, can rub on ear.</td>
</tr>
<tr>
<td>□ Very Uncomfortable</td>
<td>Give patient a rough schedule of how many hrs/day to wear HAs to help increase use time.</td>
</tr>
<tr>
<td>How many hours/day are you wearing your hearing aids?</td>
<td>Give patient a rough schedule of how many hrs/day to wear HAs to help increase use time.</td>
</tr>
<tr>
<td>□ 0-2 hours</td>
<td>Begin in quiet situations for first 2-3 days, gradually increase wearing time 2-4 hrs in a.m., later in day, 2-4 hrs again. After 3-4 days begin more difficult listening situations. By 2-week F/U, HAs should be worn all day in many different situations.</td>
</tr>
<tr>
<td>□ 2-4 hours</td>
<td>Try wearing one HA at a time.</td>
</tr>
<tr>
<td>□ 4-8 hours</td>
<td></td>
</tr>
<tr>
<td>□ More than 8 hours</td>
<td></td>
</tr>
</tbody>
</table>
If you have volume adjustment controls on your hearing aids, how easy is it to use them?

- [ ] Very Easy
- [ ] Easy
- [x] Difficult
- [ ] Very Difficult

Use remote control
- Disable VC if not useful to patient
- Raise VC cap if ITE/ITC
- Review how to increase/decrease gain (forward=louder, backward=softer)

If you have push button controls on your hearing aids, how easy is it to use them?

- [ ] Very Easy
- [ ] Easy
- [x] Difficult
- [ ] Very Difficult

Can you feel the button?
- Change to a remote
- Re-orient patient re where it is on HA
- Change to auto function if possible

### Quality of Voices

When using your hearing aids, how would you describe the quality of your own voice?

- [ ] Acceptable
- [x] Dull
- [x] Hollow
- [ ] Metallic or tinny
- [ ] Sharp
- [ ] Boomy

Open vent
- Increase/decrease LF gain (80)
- Try IROS venting
- Adjust to own voice by reading aloud to yourself 10 min/day

When using your hearing aids, how would you describe the quality of your own voice?

- [ ] Acceptable
- [x] Dull
- [ ] Hollow
- [ ] Metallic or tinny
- [ ] Sharp
- [x] Boomy

Reduce LF gain (80), increase gain (80) HF (also described as dull, muffled or too full)

When using your hearing aids, how would you describe the overall quality of other’s voices?

- [ ] Acceptable
- [ ] Dull
- [ ] Hollow
- [x] Metallic or tinny
- [ ] Sharp
- [ ] Boomy

Increase LF gain (65)
- Decrease HF gain (65)
<table>
<thead>
<tr>
<th>Loudness of Sound with Hearing Aids</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When using your hearing aids in a quiet situation, how would you describe the overall loudness?</strong></td>
<td></td>
</tr>
<tr>
<td>□ Acceptable</td>
<td>Increase compression ratio</td>
</tr>
<tr>
<td>□ <strong>Too Loud</strong></td>
<td>Reduce MPO</td>
</tr>
<tr>
<td>□ Too Soft</td>
<td>Reduce overall gain</td>
</tr>
<tr>
<td>□ Reduce adaptation level</td>
<td></td>
</tr>
<tr>
<td><strong>When using your hearing aids in a noisy situation, how would you describe the overall loudness?</strong></td>
<td></td>
</tr>
<tr>
<td>□ Acceptable</td>
<td>Reduce compression ratio</td>
</tr>
<tr>
<td>□ <strong>Too Loud</strong></td>
<td>Reduce MPO</td>
</tr>
<tr>
<td>□ Too Soft</td>
<td>Reduce overall gain</td>
</tr>
<tr>
<td>□ Reduce adaptation level</td>
<td>Increase DNR</td>
</tr>
<tr>
<td><strong>When using your hearing aids, how would you describe the overall loudness?</strong></td>
<td></td>
</tr>
<tr>
<td>□ Acceptable</td>
<td>Reduce compression ratio</td>
</tr>
<tr>
<td>□ <strong>Too Loud</strong></td>
<td>Raise MPO</td>
</tr>
<tr>
<td>□ Too Soft</td>
<td>Increase overall gain</td>
</tr>
<tr>
<td>□ Increase adaptation level</td>
<td>Change experience level from new user to experienced or long-time user</td>
</tr>
<tr>
<td><strong>When someone is speaking to you in a soft, low voice and you are wearing your hearing aids, how would you describe the speaker’s voice?</strong></td>
<td></td>
</tr>
<tr>
<td>□ <strong>Cannot hear it</strong></td>
<td>Is there background noise?</td>
</tr>
<tr>
<td>□ Soft</td>
<td>Increase soft gain for all freq.</td>
</tr>
<tr>
<td>□ Comfortable</td>
<td></td>
</tr>
<tr>
<td><strong>When someone speaks to you in a loud voice and you are wearing your hearing aids, how would you describe the speaker’s voice?</strong></td>
<td></td>
</tr>
<tr>
<td>□ <strong>Uncomfortably Loud</strong></td>
<td>Reduce gain for LF &amp; HF (80)</td>
</tr>
<tr>
<td>□ <strong>Too Loud</strong></td>
<td>Increase compression ratio</td>
</tr>
<tr>
<td>□ Loud, But OK</td>
<td></td>
</tr>
<tr>
<td>□ Comfortable</td>
<td></td>
</tr>
<tr>
<td>□ Too Soft</td>
<td></td>
</tr>
<tr>
<td><strong>When using your hearing aids, how do you experience sudden loud noises, such as a door slamming or a car horn?</strong></td>
<td></td>
</tr>
<tr>
<td>□ <strong>Painfully Loud</strong></td>
<td>Reduce MPO</td>
</tr>
<tr>
<td>□ <strong>Too Loud</strong></td>
<td>Increase compression ratio</td>
</tr>
<tr>
<td>□ Very Loud</td>
<td>Decrease attack time</td>
</tr>
<tr>
<td>□ Loud</td>
<td></td>
</tr>
<tr>
<td>□ Not loud</td>
<td></td>
</tr>
<tr>
<td>When using your hearing aids, how do you experience sudden loud noises, such as a door slamming or a car horn?</td>
<td>Increase MPO</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>□ Painfully Loud</td>
<td></td>
</tr>
<tr>
<td>□ Too Loud</td>
<td></td>
</tr>
<tr>
<td>□ Very Loud</td>
<td></td>
</tr>
<tr>
<td>□ Loud</td>
<td></td>
</tr>
<tr>
<td>□ Not loud</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When using your hearing aids, how do you experience high-pitched noises, like dishes rattling or paper crinkling?</th>
<th>Reduce HF loud (80) or reduce HF gain (65) Increase TK and CR for HF (decreases soft gain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Very Annoying</td>
<td></td>
</tr>
<tr>
<td>□ Annoying</td>
<td></td>
</tr>
<tr>
<td>□ Seldom Annoying</td>
<td></td>
</tr>
<tr>
<td>□ Not Annoying</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When using your hearing aids, how do you experience low-pitched noises, like a motor running or traffic in the street?</th>
<th>Activate expansion if available Reduce LF gain (50, 65 or 80) Increase DNR</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Very Annoying</td>
<td></td>
</tr>
<tr>
<td>□ Annoying</td>
<td></td>
</tr>
<tr>
<td>□ Seldom Annoying</td>
<td></td>
</tr>
<tr>
<td>□ Not Annoying</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you have two hearing aids, how often do you wear only one of them?</th>
<th>Is aid/EM causing pressure point/sore in ear? If yes, modify case/EM or remake. Why do you wear only one? If fit is an issue counsel and/or modify aid shell/EM. When do you wear only one? If patient would prefer to wear two, counsel and/or modify aid settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Never</td>
<td></td>
</tr>
<tr>
<td>□ Occasionally</td>
<td></td>
</tr>
<tr>
<td>□ Most of the time</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you are wearing two hearing aids, does the loudness seem equal between the two ears?</th>
<th>Otoscopy for wax in ears or EM/receiver ports Listening check to ensure no problem w HAs Check batteries Compare gain, compression, TK between ears. Level as necessary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you experiencing ringing or buzzing from the hearing aids at times other than when you put them in, take them out, or put your hand over the hearing aid?</th>
<th>Run FB manager Check correct insertion Check fit for leaks/gaps Check for wax/debris in EC or HA Ensure VC not increased beyond suggested usage Ensure no interference from hat/scarf. Reduce vent opening or change to closed dome if applicable Reduce HF gain (last resort)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes. When? Bend head down or around. Open mouth. Chew.</td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>Understanding Speech</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
</tr>
</tbody>
</table>
| **When using your hearing aids and having a conversation with one person in a quiet situation, how would you describe your ability to hear?** | Is speech loud enough but not clear? If yes, increase HF gain for avg speech  
Check MPO – may be too low  
Increase overall gain for avg or soft speech  
Check CR – may be too high |
| □ Very Good  
□ Good  
□ **Not Satisfactory**  
□ Very Unsatisfactory |  |
| **When using your hearing aids, how would you describe your ability to understand speakers on the television?** | Using correct HA program?  
Increase average gain for all Hz in TV program.  
Use closed captioning on TV.  
ALD – infrared system?  
DAI?  
Streamer? |
| □ Very Good  
□ Good  
□ **Not Satisfactory**  
□ Very Unsatisfactory |  |
| **How would you describe your ability over the telephone when wearing your hearing aids?** | Use amplified phone  
Boost t-coil gain if possible  
Change to acoustic phone  
Increase overall gain of telephone program  
Use speaker phone  
Ensure correct phone placement on HA  
Magnets on phone. |
| □ Very Good  
□ Good  
□ **Not Satisfactory**  
□ Very Unsatisfactory |  |
| **How would you describe your ability to follow conversations in rather noisy situations – like at a restaurant – when wearing your hearing aids?** | Using directional program?  
Counsel on seating, lighting, noise behind.  
In directional program, decrease LF gain (50) and increase HF gain (65)  
Increase DNR? |
| □ Very Good  
□ Good  
□ **Not Satisfactory**  
□ Very Unsatisfactory |  |
Hearing Abilities Questionnaire

1. What is your hearing aid experience?
   - I have a hearing device and use it regularly on the ___right ear ___left ear.
   - I have a hearing device, but don’t use it, or use it only occasionally.
   - I tried a hearing device, but returned it for credit.
   - I have inquired about hearing devices at another office(s), but did not purchase at that time.
   - I have never used a hearing device.

2. Please rank the following from 1 to 4 in terms of their importance to you when purchasing a hearing device. (1 = most important and 4 = Least Important)

   - Sound Quality & Clarity
   - Durability/Reliability
   - Cost
   - Appearance

3. What motivated you to come in today?

4. On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one)

   1 2 3 4 5 6 7 8 9 10
   not motivated very motivated

5. Please check the box which corresponds to your ability to hear in the situations listed and check how often you are in that situation.

<table>
<thead>
<tr>
<th>Listening situation</th>
<th>How well do you hear in this situation?</th>
<th>How often are you in this situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiet Room (1 to 2 people)</td>
<td>poor fair good</td>
<td>rarely sometimes often</td>
</tr>
<tr>
<td>Television</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restaurants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meetings/Lectures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Conversation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal Times (at home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups (4 to 6 people)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large Social Gathering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hearing Aid Check-in Procedures
Complete this form and place in patient file

**Run ANSI test box measurements**
- Be sure the hearing aid test box is calibrated (leveled)
- Insert a fresh battery or use the appropriate battery pill
- Attach the hearing aid to the appropriate coupler.
  For mini-BTE hearing aid, choose coupler based on manufacturer’s recommendation.
  All vents should be closed at outer end of vent
- Connect the hearing aid to the Hi-Pro box using the appropriate cable specified by the manufacturer
- Use NOAH to access the appropriate software for programming the hearing aid. (Hearing aid software varies considerably among manufacturers, so be sure you are familiar with each to make the necessary adjustments)
- Determine which ANSI standard (1996 or 2003) was used by the manufacturer to produce the specifications. Select the appropriate option on the Verifit, and follow the relevant procedures outlined below.

**ANSI S3.22-1996 (Obsolete but still in use by some hearing aid manufacturers)**
- Set the hearing aid to the test settings/measurement settings option.
  If the hearing aid does not have a test settings option, manually adjust the hearing aid by setting:
    - The widest frequency response range possible.
    - The volume control to full-on
- Disable other features of the hearing aid such as noise reduction, feedback management, directionality
- Run the following tests with volume control full-on:
  - OSPL90 curve
  - HFA-OSPL90
  - Max OSPL90
  - full-on gain
- Set HA to Reference Test Setting (RTS/RTP)
- Run the following tests with volume control at RTS/RTP:
  - frequency response curve
  - RTG,
  - frequency range
  - THD, EIN, battery current
  - AT, RT, I/O curves

Does the HA meet manufacturer’s specifications?
YES  NO → if no, notify supervisor for appropriate action.

**ANSI S3.22-2003/2009**
- Set the hearing aid to the test settings/measurement settings option.
  If the hearing aid does not have a test settings option, manually adjust the hearing aid by setting:
    - The widest frequency response range possible
    - The volume control to full-on
    - AGC to have minimum effect (compression threshold as high as possible, compression ratio as linear as possible)
- Disable other features of the hearing aid such as noise reduction, feedback management, directionality
Run the following tests with AGC features set to minimum and volume control full-on:
- OSPL90 curve
- HFA-OSPL90
- Max OSPL90
- full-on gain

Set HA to Reference Test Setting (RTS/RTP)

Run the following tests with AGC features set to minimum and volume control at RTS/RTP:
- frequency response curve
- RTG
- frequency range
- THD, EIN, battery current

Set HA to maximum compression (compression threshold as low as possible, compression ratio as high (large) as possible)

Run the following tests with AGC features set to maximum and volume control at RTS/RTP:
- AT, RT, I/O curves

Does the HA meet manufacturer’s specifications?
YES ☑ NO ☐ if no, notify supervisor for appropriate action.

Assess function of special features of the hearing aid

Telecoil

Program aid to t-coil function and perform a listening check:
While using the listening stethoscope, hold the telephone close to the hearing aid and listen to the dial tone with the aid in t-coil position/program to ensure t-coil is activated and audible. Move the telephone receiver around on the aid (especially if using a BTE aid) to find the “sweet spot” where the telecoil is the loudest when listening to the dial tone. If the aid has an automatic t-coil, listen to ensure that when a telephone is placed to the aid, it switches to the autocoil function

Does t-coil function as expected?
YES ☑ NO ☐ if no, notify supervisor for appropriate action.

Directional microphone

NOTE: Programming directionality: The goal is to program the hearing aid so that you know it will function in directional mode when there is noise from behind. If possible, choose adaptive directionality without automatic switching. If this is not possible, choose automatic adaptive directionality. Turn DNR off for this test.

Subjective assessment of directional function:
Program aid to directional function (see above) and perform a listening check as follows: Use calibration noise from the SIR test on the HARL Speech Intelligibility Tests CD. Adjust the calibration noise to a subjective rating of “loud but ok.” While the noise is playing, using a listening ear piece, hold the aid with the front microphone of the aid facing the noise, then turn the aid around so the back microphone is facing the noise. Listen for a difference in the loudness or quality of the sound. Record results below.

☐ Wired* ☐ No Difference ☐ Small difference ☐ Big Difference

Backwards

* If wired backwards, the sound is louder when the back microphone is facing the noise
Objective assessment of directional function:
Step 1: See note above on programming directionality. Carefully orient the hearing aid in the test box so that the front and back microphone openings are both on the horizontal line over the test position with the front facing left. Position the test box reference microphone equidistant from the front and rear microphone openings and close to the hearing aid without touching it.
Step 2: Assessment of directional function. Run the directionality test, using a 60 dB noise+noise input in the hearing aid test box. Save this curve. If the hearing aid does not show marked directionality for this test, repeat the test using the speech+noise signal (speech=70 and noise = 6 dB). Save this curve. Print the curves.

Record results below.

Directional test: □ noise/noise □ speech/noise
Separation in high frequencies (2k-4k Hz): _____ dB
Separation in mid frequencies (0.5k-2k Hz): _____ dB
Separation in low frequencies (0.25k-0.5k Hz): _____ dB

Digital noise reduction (DNR)
□ Subjective assessment of DNR function:
Turn directionality off (or omni-directional) for this test. Program aid to maximum DNR function and perform a listening check as follows: Using a listening ear piece, hold the aid with the front microphone of the aid facing the loudspeaker. Play the set-up passage of speech from the SIR test (track 2 on the HARP Speech Intelligibility Tests CD). The balance control of the CD player (or Windows Media Player) should be adjusted so that you hear only the speech channel, not the babble channel. Adjust the speech to a subjective rating of “loud but ok.” While listening, switch to the calibration noise on track 1. Listen for the noise to become softer as the DNR engages. Estimate how long it takes for the noise to reach its softest level (<5sec=fast). Switch back to track 2 and estimate how long it takes for the speech to return to its “loud but ok” level. Record results below.

<table>
<thead>
<tr>
<th>DNR Not Noticeable</th>
<th>DNR Noticeable</th>
<th>DNR Very Noticeable</th>
<th>fast/slow</th>
<th>fast/slow</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNR</td>
<td>DNR</td>
<td>DNR</td>
<td>Attack</td>
<td>Release</td>
</tr>
</tbody>
</table>

□ Objective assessment of DNR function:
With aid programmed to maximum DNR, place the aid in the test box using the clip on the coupler for stability. Orient the aid so that the test box reference microphone is close to the front microphone (same as for ANSI tests). Select Multicurve from the list of tests in the hearing aid test box menu. You will use pink noise at an input of 75 dB.
Step 1: Reference curve. For the reference curve, your goal is to get the measurement before the DNR has time to engage. Present the signal for about 1 second (turn it on, say “Mississippi,” and stop it). Save the curve.
Step 2: Present the 75 dB pink noise input again and leave it on. Observe the reduction in noise level as the DNR engages until the curve stabilizes. Save this curve. Print the curves from steps 1 and 2. Record results below to show the separation between the reference and DNR-engaged curves. Switching from graph to table view may be necessary to see actual dB values.

DNR in high frequencies (2k-4k Hz): ___ dB
DNR in mid frequencies (0.5k-2k Hz): ___ dB
DNR in low frequencies (0.25k-0.5k Hz): ___ dB

□ Assess remote control communication with hearing aids to ensure it works with each aid. Turn remote off when finished.

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Hearing Aid Orientation Checklist

**Hearing Aid**
- Parts of aid and/or mold identified
- Insertion and removal of aid/mold demonstrated and explained
- Patient attempted/performed insertion and removal
- Attachment of mold to aid discussed/demonstrated if BTE
- Patient attempted/performe[d mold detachment & re-attachment
- Volume control/remote control manipulation was discussed/demonstrated
- Patient attempted/performe[d V.C. or R.C. adjustment
- V.C. marked at recommended use setting

**Battery**
- Insertion/removal of battery discussed/demonstrated
- Patient attempted/performe[d insertion/removal of battery
- Purchase options for batteries discussed
- Type and expected life of batteries discussed
- Opening battery door when not in use discussed
- Warned of danger of swallowing batteries, (initial item of Patient Agreement for Hearing Aid Provision Services, part 2).

**Care And Maintenance**
- Moisture and temperature problems discussed, how to avoid and how to remedy (perspiration, humidity, rain – Dry-Aid kit)
- Instructions for use of Dry-Aid kit given
- How to avoid trauma to aid (dropping, heat/cold) and other dangers discussed
- Other things that can damage aid (hair spray, dirty/greasy hands) discussed
- Cleaning aid/mold discussed/demonstrated (tissue, tools, air blower)

**Adjustment/Listening Tips**
- Programs described
- Binaural hearing and balance, if applicable, described
- Stage managing the situation described
- Instructional brochures for individual hearing aids reviewed
- Telephone usage tips given
- Feedback causes, remedies discussed

**Follow-Up**
- 30-Day Trial agreement explained
- Warranty coverage and length explained (extension purchase options if needed)
- Life expectancy of an aid explained
- Appointment assigned for next visit, name of supervisor and phone number of Clinic given in case of problems
- Patient counseled about realistic expectations for hearing aid performance. Tell the patient that they can realistically expect: some degree of visibility (from any style of hearing aid); physical comfort; improved, but not perfect, communication; and more benefit in quiet than in noise.
- Inform patient that all new hearing aid wearers attend “Managing Hearing and Listening Skills” classes. Tell them the dates of upcoming classes and inform them that the charge for the classes is included in the service fee. Prepare paperwork for clinician in charge of class.
<table>
<thead>
<tr>
<th>Step</th>
<th>Date Completed</th>
<th>Supervisor/Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td>______________</td>
<td>___________________</td>
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<td>______________</td>
<td>___________________</td>
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<tr>
<td>2</td>
<td>__________</td>
<td>__________</td>
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<tr>
<td></td>
<td>______________</td>
<td>___________________</td>
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<td>3</td>
<td>__________</td>
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<td>4</td>
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<td>5</td>
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<td>______________</td>
<td>___________________</td>
</tr>
</tbody>
</table>
Helpful Hearing Aid Expectations

I have just begun the process of adjusting to my hearing loss and the use of hearing aids.

My own voice may sound different when I am wearing my hearing aids.

I may have a new awareness of footsteps, door closings, newspaper rustling, and so forth.

Listening when background noise is present will still be challenging.

I may not know what questions to ask until I have used my new instruments for at least a few days.

My hearing aids are only part of the hearing rehabilitation services my dispenser supplies.

I will benefit most from amplification if I use speechreading and positive listening strategies along with it (e.g., I should not judge the effectiveness of hearing aids by asking people to cover their mouths when they speak).

For more information on what to expect from your hearing aids contact:

The University of Memphis
Memphis Speech and Hearing Center
807 Jefferson Avenue
Memphis, TN 38105
(901) 678-5800

International Outcome Inventory for Hearing Aids (IOI-HA)

1. Think about how much you used your present hearing aid(s) over the past two weeks. On an average day, how many hours did you use the hearing aid(s)?

none  | less than 1 hour a day | 1 to 4 hours a day | 4 to 8 hours a day | more than 8 hours a day
☐     | ☐                     | ☐                  | ☐                | ☐                  

2. Think about the situation where you most wanted to hear better, before you got your present hearing aid(s). Over the past two weeks, how much has the hearing aid helped in those situations?

helped not at all | helped slightly | helped moderately | helped quite a lot | helped very much
☐             | ☐               | ☐                  | ☐                  | ☐                  

3. Think again about the situation where you most wanted to hear better. When you use your present hearing aid(s), how much difficulty do you STILL have in that situation?

very much difficulty | quite a lot of difficulty | moderate difficulty | slight difficulty | no difficulty
☐                  | ☐                   | ☐                 | ☐                    | ☐                    

4. Considering everything, do you think your present hearing aid(s) is worth the trouble?

not at all worth it | Slightly worth it | Moderately worth it | quite a lot worth it | very much worth it
☐                  | ☐                   | ☐                 | ☐                    | ☐                    

5. Over the past two weeks, with your present hearing aid(s), how much have your hearing difficulties affected the things you can do?

affected very much | affected quite a lot | affected moderately | affected slightly | affected not at all
☐                  | ☐                   | ☐                 | ☐                    | ☐                    

6. Over the past two weeks, with your present hearing aid(s), how much do you think other people were bothered by your hearing difficulties?

bothered very much | bothered quite a lot | bothered moderately | bothered slightly | bothered not at all
☐                  | ☐                   | ☐                 | ☐                    | ☐                    

7. Considering everything, how much has your present hearing aid(s) changed your enjoyment of life?

worse | no change | slightly better | quite a lot better | Very much better
☐                  | ☐                   | ☐                 | ☐                    | ☐                    

8. How much hearing difficulty do you have when you are not wearing a hearing aid?

severe | moderately-severe | moderate | mild | none
☐                  | ☐                   | ☐                 | ☐                    | ☐                    

Printed: 4/13/2011
Procedures for Obtaining a Hearing Aid at MSHC

These procedures are established to minimize competition with private practice audiologists and hearing aid dispensers in Tennessee. The Memphis Speech and Hearing Center (MSHC) is part of The University of Memphis’ School of Audiology and Speech-Language Pathology. Services provided at MSHC allow Audiology students to get hands-on experience. Among the services provided are: hearing evaluations, hearing aid consultations, hearing aid fittings, and hearing aid follow-up. A hearing evaluation is scheduled to determine if a hearing aid(s) is needed. If so, a hearing aid consultation is scheduled to select the most appropriate hearing aid(s). Next, a hearing aid fitting is arranged to confirm the prescribed settings and for you to learn how to care for your hearing aid(s). Follow-up appointments are often needed. Finally, you will attend classes to learn how to enhance hearing aid(s) use.

After your hearing evaluation determines the need for a hearing aid, the procedures are:

1) Hearing aid consultation at MSHC:  
- After the consultation, you will be given a prescription designating the hearing aid(s) which have been selected for you.  
- You will be given a list of University of Memphis approved hearing aid dispensers to contact.  
- Ear impressions (putty-like models of your ears) may be made at this time.

2) Contact each dispenser:  
- Obtain a price quote, warranty information, and payment plan for the hearing aid(s) prescribed.  
- Make sure you tell the dispenser that you are a University of Memphis client.  
- You will not be scheduled for an appointment with your dispenser at any time.  
- All of your appointments will be scheduled at MSHC.

3) Select dispenser and pay for hearing aid(s) per the agreement made between you and the dispenser.

4) Notify your MSHC audiologist of the dispenser you selected. The dispenser will notify MSHC when your payment has been received. Your hearing aid(s) will then be ordered by MSHC directly from the manufacturer.

5) MSHC will contact you for a hearing aid fitting appointment when your hearing aid(s) is received from the manufacturer.

6) MSHC will schedule at least one follow-up appointment to identify need for adjustments.

7) MSHC will offer a class for you to attend to learn the best ways to use hearing aid(s).

The fees for these services are listed on back:

<table>
<thead>
<tr>
<th>Appointment or Service</th>
<th>One aid</th>
<th>Two aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial hearing test</td>
<td>$110-200</td>
<td>$ 110-200</td>
</tr>
<tr>
<td>Hearing Aid Evaluation (Consultation)</td>
<td>$120</td>
<td>$ 135</td>
</tr>
<tr>
<td>Ear impression(s)</td>
<td>$10 (as needed)</td>
<td>$20 (as needed)</td>
</tr>
<tr>
<td>Ear mold(s)</td>
<td>$50 (as needed)</td>
<td>$ 100 (as needed)</td>
</tr>
<tr>
<td>Hearing Aid Issuance/Orientation</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td>Electroacoustic Analysis (with HAI/O)</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Follow-up visit(s) during first year</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td>Group Classes for Managing Hearing &amp; Listening Skills</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td>Visits after 1st Year for hearing aid services**</td>
<td>Up to $100**</td>
<td>Up to $100**</td>
</tr>
<tr>
<td>Total</td>
<td>$475 - $565</td>
<td>$615 - $705</td>
</tr>
</tbody>
</table>

*Fees are subject to change  
**Does not include hearing aid repairs, hearing aid warranties, hearing aid replacement fees, hearing aid parts or hearing tests
<table>
<thead>
<tr>
<th>Number in Family</th>
<th>Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,638</td>
</tr>
<tr>
<td>2</td>
<td>$15,613</td>
</tr>
<tr>
<td>3</td>
<td>$19,588</td>
</tr>
<tr>
<td>4</td>
<td>$23,563</td>
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<td>$31,513</td>
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<td>$39,463</td>
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<td>9</td>
<td>$43,438</td>
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<tr>
<td>10</td>
<td>$47,413</td>
</tr>
</tbody>
</table>

**Process of acquiring Lion’s Club hearing aids:**

1. Individual contacts Jo Ann at Lion’s Club (726-0771, then push 10) to see if the Lion’s Club chapter in the area sponsors hearing aids.

2. If patient lives in an area that sponsors hearing aids, Jo Ann will provide patient with a contact name for the appropriate chapter.

3. Individual contacts the appropriate Lion’s Club representative to receive application.

4. Individual fills out application and returns it to Lion’s Club chapter.

5. Lion’s Club chapter receives application, determines eligibility, then sends money to Mid-South Lion’s Club at Methodist Hospital.

6. Mid-South Lion’s Club refers to ENT Clinic in Methodist Hospital.

7. ENT Clinic refers patient to Methodist Hearing and Balance Center.

8. Individual receives hearing test and ear impression.
   *usually ENT visit and hearing test are on the same day

List of Dispensers

Any of the following dispensers may be contacted to obtain price information for your hearing aid(s):

<table>
<thead>
<tr>
<th>Business</th>
<th>Price:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable Hearing Care</td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td></td>
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<tr>
<td>Affordable Hearing Care</td>
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</tr>
<tr>
<td>Audiologist</td>
<td></td>
</tr>
<tr>
<td>Robert Evans, M.A., CCC-A</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>627 Broad Street</td>
<td></td>
</tr>
<tr>
<td>Elizabethton, TN 37643</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>(423) 543-5118</td>
<td>Other:</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>(423) 542-8126</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:HearDoctor@Charter.net">HearDoctor@Charter.net</a></td>
<td></td>
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<table>
<thead>
<tr>
<th>Appalachian Audiology, PLLC</th>
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<tbody>
<tr>
<td>Business</td>
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<tr>
<td>Appalachian Audiology, PLLC</td>
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<tr>
<td>Business</td>
<td></td>
</tr>
<tr>
<td>Dr. Jan Dungan</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>130 Mabry Hood Road, Suite 103</td>
<td>Warranty:</td>
</tr>
<tr>
<td>Knoxville, TN 37922</td>
<td>Return Fees:</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>(865) 357-2334</td>
<td>Other:</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>(865) 357-2416</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:jan@appalachianaudiology.com">jan@appalachianaudiology.com</a></td>
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<tr>
<th>Bridgewater Speech and Hearing</th>
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<td>Bridgewater Speech and Hearing</td>
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<td>Business</td>
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</tr>
<tr>
<td>Sally J. Baerman, Au.D., CCC-A, F-AAA</td>
<td>Warranty:</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>103 Suburban Road Suite 101D</td>
<td>Return Fees:</td>
</tr>
<tr>
<td>Knoxville, TN 37923</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>(865) 769-0283</td>
<td>Other:</td>
</tr>
<tr>
<td>Fax</td>
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<tr>
<td>(865) 769-0281</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
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<tr>
<td><a href="mailto:salknox@mac.com">salknox@mac.com</a></td>
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<tr>
<td>Tony Evans, Au.D.</td>
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<tr>
<td>Address</td>
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<tr>
<td>Audiolife Hearing</td>
<td>Warranty:</td>
</tr>
<tr>
<td>8445 Walbrook Drive</td>
<td>Return Fees:</td>
</tr>
<tr>
<td>Knoxville, TN 37923</td>
<td></td>
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<tr>
<td>Phone</td>
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<tr>
<td>(865)694-9870</td>
<td>Other:</td>
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<td>Fax</td>
<td></td>
</tr>
<tr>
<td>(865) 694-9814</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Audiolifeknox@att.net">Audiolifeknox@att.net</a></td>
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<th>Hearing Services of Franklin</th>
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<td>Business</td>
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<tr>
<td>Hearing Services of Franklin</td>
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<tr>
<td>Business</td>
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</tr>
<tr>
<td>Elizabeth Welch, Bridget Lee, &amp; Rachel Tuberville</td>
<td>Warranty:</td>
</tr>
<tr>
<td>Address</td>
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</tr>
<tr>
<td>100 Covey Drive, Suite 302</td>
<td>Return Fees:</td>
</tr>
<tr>
<td>Franklin, TN 37067</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>615-591-6410</td>
<td>Other:</td>
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<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>615-591-6425</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:lzyprl@comcast.net">lzyprl@comcast.net</a></td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td>Holston Medical Group</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Audiologist</td>
<td>Sharon Riddle, Au.D.</td>
</tr>
<tr>
<td>Address</td>
<td>105 W. Stone Drive, Suite 4-D</td>
</tr>
<tr>
<td></td>
<td>Kingsport, TN  37660</td>
</tr>
<tr>
<td>Phone</td>
<td>423-392-6299</td>
</tr>
<tr>
<td>Fax</td>
<td>423-392-6920</td>
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<tr>
<td>Email</td>
<td><a href="mailto:sdr@hmgkpt.com">sdr@hmgkpt.com</a></td>
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<tr>
<th>Business</th>
<th>Lifetime Hearing Clinic, Inc.</th>
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<tbody>
<tr>
<td>Audiologist</td>
<td>Heather Dooley, Au.D., CCC-A</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>1430 W. Baddour Parkway, Suite D</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lebanon, TN 37087</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>(615) 443-4070</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>(615) 443-4432</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:lifetimehearing@bellsouth.net">lifetimehearing@bellsouth.net</a></td>
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<table>
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<tr>
<th>Business</th>
<th>Professional Audiological Services</th>
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<tbody>
<tr>
<td>Audiologist</td>
<td>Loretta J. Coltharp, Au.D., CCCA</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>5108 Stage Road</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Memphis, TN  38134</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>901-372-0040</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>901-372-8685</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:lcpasaudio@gmail.com">lcpasaudio@gmail.com</a></td>
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<table>
<thead>
<tr>
<th>Business</th>
<th>Professional Hearing Aid Center</th>
<th>Price:</th>
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<tbody>
<tr>
<td>Audiologist</td>
<td>Carol C. Black</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>705 Professional Plaza #3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Greeneville, TN  37745</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>423-638-4158</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>423-638-4158</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:carolcblack@yahoo.com">carolcblack@yahoo.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Version 3-14-2011
List of On-Call Clinics

On-Call Assistance for Hearing Aid Users

For the convenience of our clients, the Memphis Speech and Hearing Center offers On-Call service to provide assistance for hearing aid problems and to check hearing aids for needed repairs. An appointment is not required for this service. This On-Call service is offered each Monday and Thursday afternoon from 1:00 to 4:00 pm at our East location at The University of Memphis Park Avenue Campus, on Park and Getwell. We do not provide this service at our Jefferson Avenue location. These are the only times at either office when immediate assistance is available without an appointment.

Hearing aids may be left at either location at any time. Any hearing aids dropped off will be attended to within a 24-hour period (unless it is after 12:00 pm on Friday). They will be tested and, if possible, repaired here at our Center. If more extensive repair is needed, the aids may be mailed to the manufacturer for a repair service. If the aids are under the original manufacturer warranty, repair is free of charge. If the aids are not under warranty and can be repaired at this Center, there will be a minimum charge of $15.00 plus any hearing aid parts that are replaced. Hearing aids that are not under warranty may be sent for repair for a fee. You will be informed of the estimated repair fee typically before your hearing aids are sent for repair. You will be contacted as soon as possible to let you know the status of your hearing aids.

If it is more convenient, your hearing aids may be mailed to our Center. The aids should be insured for your protection. The address is:

Memphis Speech and Hearing Center-East
4075 Park Avenue, Suite 201
Memphis, TN 38111

This On-Call service is designed to assist you with your hearing aid needs. We will do everything possible to address your hearing aid concerns in a timely and efficient manner. Thank you for your cooperation.
List of ENTs
<table>
<thead>
<tr>
<th>Doctor</th>
<th>Group Name</th>
<th>Phone Number</th>
<th>Address</th>
<th>Fax number</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beckford, Neal S.</td>
<td>Otolaryngology Associates of the Midsouth</td>
<td>901-737-3021</td>
<td>7675 Wolf River Cr., Ste. 202, Germantown, TN 38138</td>
<td>901-737-6063</td>
<td>Accept some TennCare but not all, call to verify No Cigna – Commercial HMO No Aetna HMO No Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>622-349-0448</td>
<td>975 Swinnea Ridge, Ste.1, Southaven, MS 38671</td>
<td>622-349-7984</td>
<td></td>
</tr>
<tr>
<td>Chanin, Louis</td>
<td>Children’s Ear, Nose &amp; Throat Care</td>
<td>662-349-0707</td>
<td>60 Physician’s Ln., Ste.1, Southaven, MS 38671</td>
<td>662-349-0708</td>
<td>Most insurances except Medicaid &amp; TennCare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>901-751-0855</td>
<td>2120 Exeter Rd. #250, Germantown, TN 38138</td>
<td>901-751-0864</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>901-751-0855</td>
<td>(all records)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clemons, Mark</td>
<td>Family Ear, Nose &amp; Throat Care</td>
<td>901-363-8400</td>
<td>6616 Kirby Center Cv., Memphis, TN 38115</td>
<td>901-363-8644</td>
<td>Tenn/Ark. Medicare No TennCare BCBS Accepts most private Accepts Ark. Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>870-732-3142</td>
<td>228 Tyler #100, West Memphis, AR 72310</td>
<td>870-732-3440</td>
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<tr>
<td>Colvin, G.B.</td>
<td>Desoto Ear, Nose &amp; Throat</td>
<td>662-895-6455</td>
<td>5960 Getwell Rd., Ste. 212 D, Southaven, MS 38671</td>
<td>662-895-6460</td>
<td>No Medicaid, TriCare, TennCare Accepts most other insurances</td>
</tr>
<tr>
<td></td>
<td></td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
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<td></td>
<td></td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
</tr>
<tr>
<td>Emmett, John R.</td>
<td>Shea Ear Clinic</td>
<td>901-761-9720</td>
<td>6133 Poplar Pike (at Ridgeway), Memphis, TN 38119</td>
<td>901-763-4400</td>
<td>No TennCare or Medicaid</td>
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<tr>
<td></td>
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<td>901-761-9720</td>
<td>6133 Poplar Pike (at Ridgeway), Memphis, TN 38119</td>
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<tr>
<td>Duncan, Thane</td>
<td>Midsouth Ear, Nose &amp; Throat</td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
</tr>
<tr>
<td>Fettermann, Bruce</td>
<td>Midsouth Ear, Nose &amp; Throat</td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
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<tr>
<td>Fisher, Robert M.</td>
<td></td>
<td>622-349-4250</td>
<td>6890 Elmore Rd., Ste.2, Southaven, MS 38671</td>
<td>622-349-4249</td>
<td>No TriCare or HMO or Aetna HMO Only for TriCare for Life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>901-761-1220</td>
<td>6890 Elmore Rd., Ste.2, Southaven, MS 38671</td>
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<tr>
<td>Franklin, Edgar</td>
<td>Ear, Nose &amp; Throat Group, Inc.</td>
<td>901-761-1220</td>
<td>5625 Poplar Ave, Memphis, TN 38119</td>
<td>901-763-4332</td>
<td>No TennCare Accepts most insurance</td>
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<tr>
<td></td>
<td></td>
<td>901-372-4643</td>
<td>5625 Poplar Ave, Memphis, TN 38119</td>
<td>901-388-6358</td>
<td></td>
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<tr>
<td>Hall, Christopher</td>
<td>Ear, Nose &amp; Throat Group, Inc.</td>
<td>901-761-1220</td>
<td>Methodist North Doctors Bldg, 3980 New Covington Pike Memphis, TN 38128</td>
<td>901-763-4332</td>
<td>No TennCare Accepts most insurance</td>
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<td></td>
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<td>Phone</td>
<td>Address</td>
<td>Fax</td>
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<tr>
<td>Hodges, John M.</td>
<td>The Hodges Group</td>
<td>901-543-5499</td>
<td>1325 Eastmoreland, Ste.450</td>
<td>901-726-5889</td>
<td>No TennCare, MS Medicaid, or Better Health Accepts Ark Medicaid</td>
</tr>
<tr>
<td>Klug, Dean</td>
<td>Midsouth Ear, Nose &amp; Throat</td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
</tr>
<tr>
<td>Lazar, Rande</td>
<td>Otolaryngology Consultants of Memphis</td>
<td>901-821-4300</td>
<td>791 Estate Place Memphis, TN 38120</td>
<td>901-821-4323</td>
<td>Accepts TLC, Omni, Secondary TriCare No Better Health, Medicaid, No First Health Most private expect Blue Cross</td>
</tr>
<tr>
<td>Lim, Victoria L.</td>
<td>DeSoto Ear, Nose &amp; Throat</td>
<td>662-349-6455</td>
<td>6858 Swinnea Rd. #4 Southaven, MS 38671</td>
<td>662-349-0620</td>
<td>No TriCare or TennCare Accepts Medicaid and most other insurances</td>
</tr>
<tr>
<td>Long, Thomas E.</td>
<td>Otolaryngology Associates of the Midsouth</td>
<td>901-737-3021</td>
<td>7675 Wolf River Cr., Ste. 202 Germantown, TN 38138</td>
<td>901-737-6063</td>
<td>Accept some TennCare but not all, call to verify No Cigna – Commercial HMO No Aetna HMO No Medicaid</td>
</tr>
<tr>
<td>MacDonald, Bruce</td>
<td>UT Medical Group</td>
<td>901-347-8220</td>
<td>7945 Wolf River Blvd., Ste. 220 Germantown, TN 38138</td>
<td>901-347-8245</td>
<td>Accepts New Patients with TennCare Accepts private insurance Please call to verify</td>
</tr>
<tr>
<td>Milburn, Mark</td>
<td>Midsouth Ear, Nose &amp; Throat</td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
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<tr>
<td>McCalla, Mary</td>
<td>McCalla Ear, Nose &amp; Throat</td>
<td>901-751-0859</td>
<td>1719 Kirby Parkway Memphis, TN 38120</td>
<td>901-726-6120</td>
<td>No TennCare except if secondary to Medicare No Aetna HMO No HMO Medicares Accept most other insurances</td>
</tr>
<tr>
<td>Naider, Srikanth</td>
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<td>8090 Walnut Run Cordova, TN 38018</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
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<tr>
<td>Name</td>
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<td>Address</td>
<td>Phone 2</td>
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<tr>
<td>Petri, Jan H.</td>
<td>Otolaryngology Associates of the Midsouth</td>
<td>901-737-3021</td>
<td>7675 Wolf River Cr., Ste. 202, Germantown, TN 38138</td>
<td>901-737-6063</td>
<td>Accept some TennCare but not all, call to verify No Cigna – Commercial HMO No Aetna HMO No Medicaid</td>
</tr>
<tr>
<td>Preston, Todd</td>
<td>UT Medical Group</td>
<td>901-347-8220</td>
<td>7945 Wolf River Blvd., Ste. 220, Germantown, TN 38138</td>
<td>901-347-8245</td>
<td>Accepts New Patients with TennCare Accepts private insurance Please call to verify</td>
</tr>
<tr>
<td>Rosenburg, Zachary (Closed Thurs.)</td>
<td>UT Medical Group</td>
<td>901-767-7666</td>
<td>5118 Park Ave., Ste. 502, Memphis, TN 38117</td>
<td>901-767-1860</td>
<td>No Aetna HMO No TennCare Accepts Cigna HMO, TLC 16yrs and younger</td>
</tr>
<tr>
<td>Ruleman, Jr. Alan</td>
<td>Ear, Nose &amp; Throat Group, Inc.</td>
<td>901-372-4643</td>
<td>Methodist North Doctors Bldg., 3980 New Covington Pike, Memphis, TN 38128</td>
<td>901-388-6358</td>
<td>No TennCare Accepts most insurance</td>
</tr>
<tr>
<td>Samant, Sandeep</td>
<td>UT Medical Group</td>
<td>901-347-8220</td>
<td>7945 Wolf River Blvd., Ste. 220, Germantown, TN 38138</td>
<td>901-347-8245</td>
<td>No TennCare Select Accepts private Please call to verify</td>
</tr>
<tr>
<td>Schlesinger, Victor A.</td>
<td>UT Medical Group</td>
<td>901-761-2170</td>
<td>6005 Park Avenue, #908, Memphis, TN 38119</td>
<td>901-765-3166</td>
<td>No Better Health, Omni Care, Health Partners, Prudential, or Cigna HMO Accepts Blue Care and AmeriChoice and some TennCare Select</td>
</tr>
<tr>
<td>Sebelik, Merry</td>
<td>The Hodges Group</td>
<td>901-543-5499</td>
<td>1325 Eastmoreland, Ste. 450, Memphis, TN 38104</td>
<td>901-726-5889</td>
<td>No TennCare, MS Medicaid, Better Health or TennCare Select, accepts Ark Medicaid</td>
</tr>
<tr>
<td>Shea, Jr., Coyle</td>
<td>Midsouth Ear, Nose &amp; Throat</td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018, 6286 Briarcrest Ave., Ste. 300, Memphis, TN 38120</td>
<td>901-756-0196</td>
<td>Most insurance except TennCare No commercial Cigna</td>
</tr>
<tr>
<td>Shea, Jr., John J.</td>
<td>Shea Ear Clinic</td>
<td>901-761-9720</td>
<td>6133 Poplar Pike (at Ridgeway), Memphis, TN 38119</td>
<td>901-763-4400</td>
<td>No TennCare or Medicaid Accepts most insurance</td>
</tr>
<tr>
<td>Shea, III, John</td>
<td>Shea Center for Ears, Hearing and Balance</td>
<td>901-763-1234</td>
<td>6401 Poplar Ave., Ste. 300, Memphis, TN 38119</td>
<td>901-763-3666</td>
<td>No TennCare, TLC or Medicaid Accepts most insurance</td>
</tr>
<tr>
<td>Name</td>
<td>Specialty</td>
<td>Clinic/Group</td>
<td>Phone Numbers</td>
<td>Address</td>
<td>Insurance Accepted</td>
</tr>
<tr>
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<tr>
<td>Shea, Paul F.</td>
<td></td>
<td>Shea Ear Clinic</td>
<td>901-761-9720, 800-477-7432</td>
<td>6133 Poplar Pike (at Ridgeway), Memphis, TN 38119</td>
<td>No TennCare or Medicaid Accepts most insurance</td>
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<tr>
<td>Staffel, Jon G.</td>
<td></td>
<td>Shea Ear Clinic</td>
<td>901-761-9720, 800-477-7432</td>
<td>6133 Poplar Pike (at Ridgeway), Memphis, TN 38119</td>
<td>No TennCare or Medicaid Accepts most insurance</td>
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<tr>
<td>Stocks, Rose Mary</td>
<td>*Pediatric only</td>
<td>UT Medical Group</td>
<td>901-347-8220, 901-287-4400</td>
<td>7945 Wolf River Blvd., Ste. 220, Germantown, TN 38138</td>
<td>No TennCare Select Accepts private Please call to verify</td>
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<tr>
<td>Templeton, Terry</td>
<td></td>
<td></td>
<td>901-757-9500</td>
<td>2120 Exeter Rd., #210, Memphis, TN 38138</td>
<td>Aetna HMO Accepts all TennCare, all Blue Cross</td>
</tr>
<tr>
<td>Thompson, Jerome</td>
<td>*Pediatric only</td>
<td>UT Medical Group</td>
<td>901-347-8220, 901-287-4400</td>
<td>7945 Wolf River Blvd., Ste. 220, Germantown, TN 38138</td>
<td>No TennCare Select Accepts private Please call to verify</td>
</tr>
<tr>
<td>Touliatos, John S.</td>
<td></td>
<td>Midsouth Ear, Nose &amp; Throat</td>
<td>901-755-5300</td>
<td>8090 Walnut Run Cordova, TN 38018</td>
<td>Most insurance except TennCare No commercial Cigna</td>
</tr>
<tr>
<td>Tyehimba, A.</td>
<td></td>
<td>Otolaryngology Associates of the Midsouth</td>
<td>901-737-3021</td>
<td>7675 Wolf River Cr., Ste. 202, Germantown, TN 38138</td>
<td>Accept some TennCare but not all, call to verify No Cigna – Commercial HMO No Aetna HMO No Medicaid</td>
</tr>
<tr>
<td>Williams, Blake</td>
<td></td>
<td>Ear, Nose &amp; Throat Group, Inc.</td>
<td>901-372-4643, 901-761-1220</td>
<td>Methodist North Doctors Bldg, 3980 New Covington Pike Memphis, TN 38128</td>
<td>No TennCare Accepts most insurances</td>
</tr>
<tr>
<td>Name</td>
<td>Organization</td>
<td>Phone</td>
<td>Address</td>
<td>Phone</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>Wright, Jr., Leonard</td>
<td>Ear, Nose &amp; Throat Group, Inc.</td>
<td>901-372-4643</td>
<td>Methodist North Doctors Bldg, 3980 New Covington Pike Memphis, TN 38128</td>
<td>901-388-6358</td>
<td>No TennCare Accepts most insurances</td>
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<tr>
<td></td>
<td></td>
<td>901-761-1220</td>
<td>5625 Poplar Ave, Memphis, TN 38119</td>
<td>901-763-4332</td>
<td></td>
</tr>
</tbody>
</table>

Updated 9/12/2010
MANAGING HEARING and LISTENING SKILLS

Memphis Speech and Hearing Center-East
4075 Park Avenue
Memphis, TN 38111

Name: _________________________________

Date & time of class: _________________________________

Memphis Speech and Hearing Center offers adult group classes (Managing Hearing and Listening Skills) designed to assist hearing aid users and individuals with hearing loss in learning to maximally benefit from their hearing aid/aids and/or utilize effective communication skills. We have arranged for you to attend the classes on the dates and times listed above. Because this service is included as a part of the Hearing Aid Evaluation process, there is no extra charge for these classes. Spouses, family members, and/or friends are also strongly encouraged to attend these sessions as they, too, could learn helpful communication practices and provide valuable support. Topics covered in these sessions include:

1. Understanding your hearing loss
2. Understanding your hearing aid, learning basic hearing aid maintenance, and effective hearing aid troubleshooting.
3. Learning effective communication strategies
4. Learning about the options of assistive listening devices
5. Plus MORE!

The classes meet once a week for 1.5 to 2 hours, two weeks in a row, at our East location on the corner of Park and Getwell (address listed above).

Feel free to contact us if you have any questions regarding these classes. If you cannot attend classes on the date scheduled for you, please contact us at Memphis Speech and Hearing Center to reschedule.
(901) 678-2009

_________________________________________  __________________________
Audiologist’s Signature                  Date
Medical Clearance Form

To:

Re:

A hearing aid evaluation has been scheduled for your patient. It is our policy to obtain written assurance that there are no medical contraindications to hearing aid or earmold use. Please complete the statements below, as appropriate and return this letter to the Memphis Speech and Hearing Center at the address on the back of this form.

There are no medical contraindications  Right _____  Left _____

There are medical contraindications  Right _____  Left _____

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of medical evaluation

_________________________________________

Physician’s Signature  Date

Please direct inquiries to: ____________________________

Audiologist

Phone: 901-678-5800 or 901-678-2009

Thank you.

Memphis Speech and Hearing Center
The University of Memphis
807 Jefferson Avenue
Memphis, TN  38105
Medical Waiver Form

WAIVER STATEMENT

I have been advised by the Memphis Speech and Hearing Center that the Food and Drug Administration has determined that my best health interest would be served if I had medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid.

WAIVER STATEMENT

I do not wish a medical evaluation before purchasing a hearing aid

NOTE:

Exercise of this waiver is not in your best health interest and its use is strongly discouraged.

________________________________________
Signature of Patient/User

date

Purchase/User must be 18 years of age or older to sign waiver.

________________________________________
Witness

Graduate Education and Clinical Service Programs in Audiology & Speech Pathology accredited by the Council of Academic Accreditation (CAA) and the Professional Services Board (PSB) of the American Speech-Language-Hearing Association

A Tennessee Board of Regents Institution

An Equal Opportunity/Affirmative Action University
Patient Agreement for Participation in Memphis Speech & Hearing Center’s Hearing Aid Procurement Process

Patient: ___________________________  File #: ______
Supervisor/Student: ______________________  Date: ______

Your commitment to improving your hearing and listening is very important. We want to ensure that you are able to obtain as much benefit from hearing aids as possible. It requires a certain dedication and time commitment on your part as well as ours. The conditions surrounding your success are outlined below. By initializing and signing this form, you will be reminded of what is needed to fully participate in this rehabilitation process.

**Part 1: Fees And Services**

_____ I understand that the charges for the initial hearing evaluation are separate from the fees for hearing aid consultation and hearing aid fitting from the Memphis Speech and Hearing Center.

_____ I understand that the process of obtaining hearing aids through the Memphis Speech & Hearing Center typically takes three visits: the hearing aid consultation, and two hearing aid fitting and education visits.

_____ I understand that the fees for hearing aid services will be broken down into two payments, one being on the day of the hearing aid consultation and the last payment being collected at the first hearing aid fitting visit.

_____ I understand that further follow-up appointments may be necessary, depending on my adjustment to hearing aids. I will be eligible for follow-up visits during the first year of hearing aid use at no cost to me.

_____ I understand that I will gain much more from the hearing aid education process by attending “Managing Hearing and Listening Skills” classes. These classes are provided at no additional cost to me and are scheduled separately from the other services I will receive.

_________________________________________  ______________________
(Signature)  (Date)
Part 2: Using My New Hearing Aids

_____ I understand that my new hearing aids use size _______ batteries.

_____ I understand that it is dangerous to swallow hearing aid batteries. I was given the National Battery Hotline number (1-202-625-3333) to call in case this happens by accident. I can call collect.

_____ I understand I should store my hearing aids in a dry and store kit when I have finished using them for the day to help preserve the life of my new aids.

_____ I agree to gradually increase the wearing time of my new aids so that when I return for my second fitting and education appointment, I will be wearing the aids for at least 6-8 hours per day.

_____ I understand that I will be contacted by telephone a few days after I receive the hearing aid(s) to see whether I need additional help with my adjustment.

_____ I will return to the Memphis Speech & Hearing Center for further hearing aid education and adjustments on ________________________________.

_____ I will complete the Questionnaire for New Hearing Aid Users a few days before the appointment scheduled above and will bring it with me to that appointment.

_____ I will return to the Memphis Speech & Hearing Center for “Managing Hearing and Listening Skills” classes, which are scheduled on the following dates:

____________________________________________________________

____________________________________________

_____________________

(Signature) _______________________

(Date)
<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number(s)</th>
<th>Message Type</th>
<th>Voice Type</th>
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</thead>
<tbody>
<tr>
<td>Time and temperature</td>
<td>JAMJAM1 (526-5261)</td>
<td>Short message</td>
<td>Female voice</td>
</tr>
<tr>
<td>Memphis Zoo</td>
<td>276-WILD 276-9453</td>
<td>Long message with prompts</td>
<td>Female voice</td>
</tr>
<tr>
<td>Recycling</td>
<td>1-800-253-2687</td>
<td>Long message with prompts</td>
<td>Male and female voices</td>
</tr>
<tr>
<td>Memphis Convention &amp; Visitors Bureau</td>
<td>543-5333</td>
<td>Short message</td>
<td>Male voice</td>
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<td>Memphis Botanic Garden</td>
<td>576-4100</td>
<td>Short message</td>
<td>Female voice</td>
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Sample Contract from Dispenser

---

<table>
<thead>
<tr>
<th>Model</th>
<th>Quantity</th>
<th>Description</th>
<th>Charge</th>
<th>Adj.</th>
<th>Net</th>
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<tr>
<td>Siemens Artis 2P BTE</td>
<td>New</td>
<td></td>
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<tr>
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<td>New</td>
<td></td>
<td>$679.00</td>
<td>$0.00</td>
<td>$679.00</td>
</tr>
</tbody>
</table>

---

**3 Year Repair, Loss & Damaged on Aids**

- Taxable: $0.00
- Non-Taxable: $0.00

---

Instruments may be returned within 30 calendar days for exchange or refund less $18 shipping fee. Instruments must be returned in good cosmetic condition with all papers, packaging, and supplies. If the instruments are lost within the adjustment period, the refund policy is void. Charges include a $18 for the time period stated above. A refund will be processed within 30 days following the return of instrument(s). I also understand that batteries are harmful if swallowed. The above information on possible of hearing instruments has been explained to me and I fully understand its contents.

---

**Date of Delivery:** [Redacted]

**Date:** [Redacted]
Subjective demonstration of directional microphone and DNR function

**Directional microphone**
Demonstrate function of directional microphone as follows: Put aid in the directional program that the patient will be using. Patient should be seated facing the desk top computer speakers, placed side by side. Patient remains stationary (in the middle, facing the speakers, with the clinician manipulating the software at the computer). Through the computer using the Windows Media Player and playing the SIR Test from the HARL Speech Intelligibility Tests CD, adjust the balance control (found on the computer by clicking start, programs, accessories, entertainment, volume control) so that only the talker’s voice is audible. Then adjust the volume control on the computer so that the talker is at a comfortable listening level. Next adjust the balance control (left/right) so that only the babble is audible. Then slowly move the balance control so that the babble decreases until the patient reports he/she can just hear the man’s voice above the speech babble from the SIR test. Then move the speaker playing the SIR speech babble to the same distance behind the patient as it was in front of him/her while continuing to play the speech and babble at the same settings. Note: the speaker must be kept at the same distance (3 feet) from the patient as it was when it was in front. If the directional mic is going to be useful, the patient should detect an improvement in the intelligibility of the male talker when the babble is moved to the back.

NOTE: If the HA has automatically switched directionality, counsel the patient that he/she will have to wait several seconds before directionality will be activated. If directionality is not triggered, the sensitivity of the directional microphone or the test level may need to be increased.

Assessing Loudness: In the directional program, with babble loudspeaker at back, assess the loudness of the primary talker (too soft, okay, or too loud) from the SIR test. Adjust the volume (gain) through the hearing aid software as needed. Goal should be “okay” loudness rating.

Assessing Clarity: While in the directional program as above, assess the clarity of the primary talker (muffled, okay, or very clear) from the SIR test. Adjust the aid through the hearing aid software as needed. Goal should be “okay” or “very clear” ratings.

**Digital Noise Reduction (DNR)**
Demonstrate function of DNR. This is best accomplished with the help of real ear measurement so that the patient can view changes in the noise level as well as hear it. Use the Verifit Speechmap. Place probe microphone tube in patient’s ear canal. If fitting is bilateral and the same in both ears, DNR can be demonstrated with only one probe mic. While the patient wears both aids, put aids in the DNR program that the patient will be using and set volume to the recommended level. Position aid on ear and turn it on. Tell the patient what will happen: clinician will present a loud noise (75 dB pink noise) and watch the monitor to see its level in the ear canal. Patient must remain quiet during this time. As DNR engages, observe the reduction in noise level until the curve stabilizes and notice how long this takes and how large the reduction is. Then, while pink noise is still on, begin talking and notice that the gain returns to its original level. Repeat the process of presenting the noise, but this time ask the patient to listen with eyes closed and to tell you when they notice the loudness decrease.
Structured Interview 2 Days Post Fitting

Contact the patient 2 days following hearing aid fitting. Complete the interview described below. File in patient’s folder.

Hello Mr/Mrs. (patient), this is (clinician’s name) from the Memphis Speech and Hearing Center. (supervisor’s name), and I fit you with your new hearing aids 2 days ago. I’m calling to see how you’re doing adjusting to them. I’d like to ask you a few questions. Do you have a few minutes to talk with me?” (If yes, ask the following questions; if no, ask when it would be a good time to call back—and then call them when they requested.)

Interview questions (most are open ended to elicit discussion)

1. How easy is it to put the hearing aids in your ears and take them out? (If problems, discuss ways to help with insertion/removal)
   
   Very easy  Easy  Difficult  Very Difficult
   
   Comments:

2. How many hours did you wear the aids yesterday and the day before? (Should be 4 hours at least. If not, ask why not and discuss ways to increase wearing time)
   
   ________ Hrs
   
   Comments:

3. How comfortable were they to wear yesterday? (If uncomfortable, ensure they’re inserting aids/earmolds correctly. If needed, suggest patient come to On Call Clinic to rectify comfort problems.)
   
   Very Comfortable  Comfortable  Not comfortable  Very Uncomfortable
   
   Comments:

4. What were you doing when you used them yesterday? (List situations---if varied, continue as they are; if not using aids in certain situations find out why and encourage usage if appropriate.)
   
   Comments:

5. What were you doing yesterday when you didn’t use your hearing aids? (Provide feedback with suggestions for improvement or reinforcement of good behaviors.)
   
   Comments:

6. Tell me some good experiences you have had with your aids. (Record positive experiences. Provide feedback as needed.)
   
   Comments:
7. Tell me any problems you have had with your hearing aids. (Record problems. Determine if problems are an adjusting to amplification issue or if hearing aid adjustments are needed. If adjustments needed, refer to next On Call Clinic available.)
Comments:

8. Is there anything else you’d like to tell me about your hearing aid experience over the last few days? (Record comments and respond appropriately.)
Comments:

9. Well, it sounds like you (check the one you use):
- □ are having more problems than we like to see. **Suggest they come to On Call Clinic and give them the days/times/locations that these clinics occur).**
- □ are just about on target in your adjustment. **Encourage patient to continue with their adjustment to hearing aids and to contact their audiologist if they encounter any difficulties before their next scheduled appt. Also note that patient should be increasing wearing time each day so that when they return for scheduled follow-up, they’re using aids during all waking hours.**
- □ are doing really well

10. Remind them of the scheduled HA education appointment which was set at issuance appointment and emphasize the importance of attending.

**Important Facts to remind patient:**

Complete the *Fine Tuning Questionnaire* before 2\textsuperscript{nd} Hearing Aid Education appointment. Scheduled date of 2\textsuperscript{nd} Hearing Aid Education appointment: __________________________

On Call Clinic Schedule:
Monday and Thursday (MSHC-E) 1:00-4:30
Wednesday (MSHC-on Jefferson) 1:00-4:30

Managing Hearing & Listening Skills Classes: ______________________________
Summary of MSHC Hearing Aid Ordering Process

1. Contact at least three dispensers for a price quote on the recommended hearing aids.

2. Select the dispenser with the best price quote; mail your payment to that dispenser with the attached recommendation form to sign.

3. When the dispenser receives your payment and notifies our Center, the hearing aids will be ordered directly from the manufacturer.

4. Please call our Center when you have selected a dispenser. If you have any questions, call 678-2009.

Roxanne J. Aaron, Au.D., CCC-A
Casandra Banks, Au.D., CCC-A
Jennifer L. Crider, Au.D., CCC-A
Jennifer P. Taylor, Au.D., CCC-A
Memphis Speech and Hearing Center Audiologists
Summary Sheet For Subjective Verification Of Hearing Aid Fitting

**Step 4:** Date completed____________

**General Goals:**
Soft Sound Audibility (Ling 6 sound test) score (+) for correct ; (-) for incorrect

/a/  /i/  /a/  /s/  /sh/  /m/
___  ___  ___  ___  ___  ___  

Comfort of Average Speech (recorded speech at 65 dB SPL): Loudness rating: __

Comfort of loud sounds:
Nuts in a coffee can: Loudness rating: __
Glass marbles in a jar: Loudness rating: __

**Step 5:** Date completed____________

**Repetition of General Goals:**
Soft Sound Audibility (Ling 6 sound test) score (+) for correct ; (-) for incorrect

/a/  /i/  /a/  /s/  /sh/  /m/
___  ___  ___  ___  ___  ___  

Comfort of Average Speech (recorded speech at 65 dB SPL): Loudness rating: __

Comfort of loud sounds:
Nuts in a coffee can: Loudness rating: __
Glass marbles in a jar: Loudness rating: __

**Telephone Use:**
Activation of the T-coil:  good  okay  needs help  not applicable
Positioning of phone:  good  okay  needs help
Speech loudness on telephone (categories of loudness scale): loudness rating: ____
Speech clarity on telephone:  muffled  okay  very clear
How much do you think you understand about using the telephone with your hearing aid?
None  25%  50%  75%  100%