

Confidential

# This is my audiology hospital passport

Transitioning to adult audiology

My name is:

.....

This passport belongs to me.

Please return it when I go home.

## Things you must know about me

I like to be known as:

.....

Date of birth ...../...../.....

Address

.....

.....

.....

Phone number .....

Contact person .....

Relationship to me

.....

## My hearing loss

I have a hearing loss in my **right/left/both** ears.

I wear **one/two** hearing aids.

I like my earmoulds to be **soft/hard**.

I like my earmoulds to be **full shell/carved shell/skeleton**.

I like mould impressions to be taken **one at time/both at the same time**.

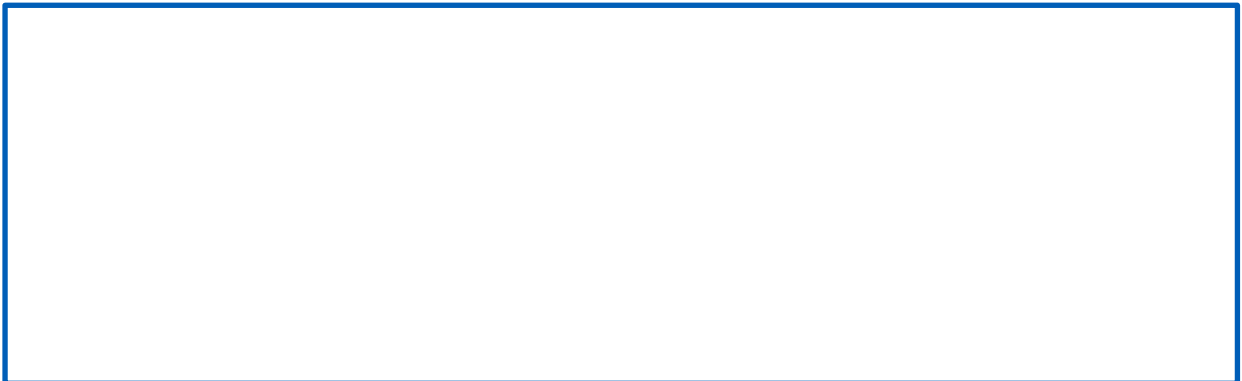
I use **orange/brown/blue** batteries.

## Communication

How to communicate with me...



The way that I let others know about how I am feeling or what I want is by....



What you can do to help if I'm anxious or upset...



## My likes and dislikes

Examples:

- How I like to complete a hearing test.
- I don't like loud sounds.

**I like** 😊

**I dislike** ☹️

## Notes

Other things I want you to know about me.

