HEARING ACCESS PLAN - Please alert medical staff and request to be included in your Medical Record.

CLIENT FIRST NAME:	LAST NAME:

DESCRIPTION

☐ Hard of Hearing ☐ Deaf or Deafened ☐ Low Vision ☐ Other (specify)

DEVICES USED

Hearing Aid(s) ☐Right ☐Left

Cochlear Implant(s) ☐Right ☐Left

Glasses ☐Yes (need for lipreading)

Other: _____

COMMUNICATION METHOD

☐ Oral with or without speech reading
☐ Augment with Text (pen and paper/ speech-to-text app/ dry erase board)
☐ Sign Language
☐ Other (specify):

APPLICABLE FOR A HOSPITAL VISIT - HOSPITAL TO PROVIDE

☐ Amplified phone
☐ Use of a TTY
☐ Use of my Cell Phone for texting or apps
☐ Communication Access Realtime Translation (CART)
☐ Sign Language Interpreter
☐ Captioned TV and Videos
☐ Use of my Pocket talker
☐ Other Assistive Device
☐ Other : (specify) _____

CLIENT ASSISTANT

The following person is designated as my patient advocate: _____
Relationship of person to me:

☐ Family member
☐ Friend
☐ Advocate (e.g., through Wavefront Better at Home Program or CHHA-BC)

_____

OTHER

HEARING ACCESS PLAN - Please alert medical staff and request to be included in your Medical Record.

CLIENT FIRST NAME:	LAST NAME:

DESCRIPTION

☐ Hard of Hearing ☐ Deaf or Deafened ☐ Low Vision ☐ Other (specify)

DEVICES USED

Hearing Aid(s) ☐Right ☐Left

Cochlear Implant(s) ☐Right ☐Left

Glasses ☐Yes (need for lipreading)

Other: _____

COMMUNICATION METHOD

☐ Oral with or without speech reading
☐ Augment with Text (pen and paper/ speech-to-text app/ dry erase board)
☐ Sign Language
☐ Other (specify):

APPLICABLE FOR A HOSPITAL VISIT - HOSPITAL TO PROVIDE

☐ Amplified phone
☐ Use of a TTY
☐ Use of my Cell Phone for texting or apps
☐ Communication Access Realtime Translation (CART)
☐ Sign Language Interpreter
☐ Captioned TV and Videos
☐ Use of my Pocket talker
☐ Other Assistive Device
☐ Other : (specify) _____

CLIENT ASSISTANT

The following person is designated as my patient advocate: _____
Relationship of person to me:

☐ Family member
☐ Friend
☐ Advocate (e.g., through Wavefront Better at Home Program or CHHA-BC)

_____

OTHER

Canadian Hard of Hearing Association
Association des malentendants canadiens