

Occupational Deafness (Compensation) Ordinance

Assessment of Needs for Hearing Aid

Name of Applicant : _____ Date of Assessment : _____

Part I: Applicant's Amplification Needs

1. The situation and environment under which the applicant expects most likely to use hearing aid (You may choose more than one option) –

- Quiet environment, e.g. household environment
- Noisy environment, e.g. applicant works in construction site
- Humid environment, e.g. applicant works outdoor during summer
- Others (Please provide details) :

2. Otological history and manual dexterity, as reported by the applicant (You may choose more than one option) –

- Left/ right/ both ear(s)* have a history of outer or middle ear problems
- Left/ right/ both hand(s)* fingers lack agility
- Others (Please provide details) :

3. Special needs on amplification requested by the applicant –

Part II: Advice on Hearing Aid

1. The following hearing aids are considered to be suitable to the applicant's left/right* hearing loss. (Please attach the aided audiogram for each model obtained from the trial arranged for the applicant.)

Make/Model	Type (e.g. BTE)	Price	Aided audiogram at Annex #

2. Feedback by the applicant on the tried models, if any -

Note: After considering the above information, please indicate one preferred model of hearing aid to be recommended to the applicant in the 'Written Advice on Hearing Aid'.

Name of Hearing Centre: _____ Name of designated person: _____

* Delete as appropriate.

職業性失聰 (補償) 條例

助聽器需求評估

申請人姓名: _____ 評估日期: _____

第一部分: 申請人的溝通需要

1. 申請人預計最常使用助聽器的情況及環境 (可選多項) -

- 較寧靜的環境, 如一般家居環境
- 較嘈吵的環境, 如需於地盤工作
- 較潮濕的環境, 如夏天需於戶外工作
- 其他 (請提供資料):

2. 由申請人提供有關其耳朵的健康情況及與使用/操控助聽器能力有關的資料 (可選多項) -

- 左耳/ 右耳/ 雙耳*有外耳或中耳問題
- 左手/ 右手/ 雙手*欠靈活
- 其他 (請提供資料):

3. 申請人自行提出對助聽器的特別要求 -

第二部分: 助聽器建議

1. 以下的各助聽器適合申請人配戴於左耳/右耳* (請為申請人試戴各助聽器, 並把相關的助聽聽閥填於附頁上)

牌子/型號	類型 (如耳後式)	價格	助聽聽閥的附頁編號

2. 若有的話, 請填寫申請人試戴各助聽器後的反應-

註: 請根據以上資料, 在「助聽器建議書」上建議一款首選的助聽器型號。

聽力中心名稱: _____ 指定人士的姓名: _____

* 刪除不適用者