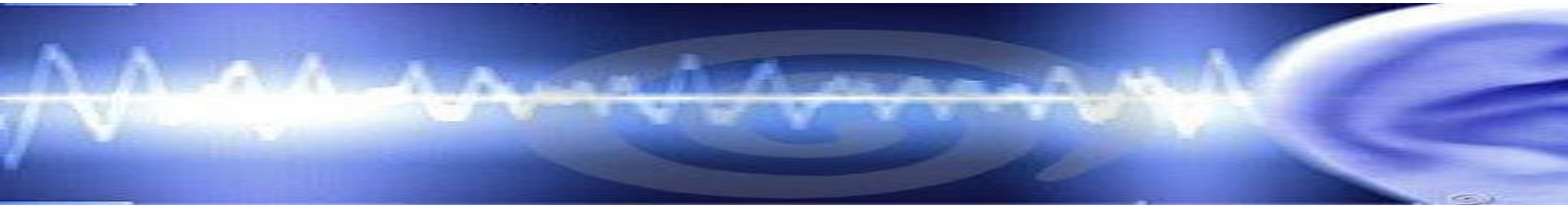


PATIENT CHECKLIST

I AM HARD OF HEARING

www.betterhearingaustralia.org.au



Patient Name – _____

Room No. _____

I AM HARD OF HEARING AND MY COMMUNICATION NEEDS ARE :

Please Tick –

- Sign Language Interpreter.
- Written notes/information as needed. eg. Whiteboard/paper.
- Please gain my attention, turn the lights on and face me before communication begins.
- I need to wear my hearing device when you communicate with me.
- Please speak clearly and do not shout.
- Please respond in person to the call button.
- Other -
