

**NBHSW FOLLOW-UP PROFORMA**

NHS Number	Initials	Date of Birth	Date of decision to aid	Date decided hearing aid not appropriate	Date changed mind to aid	Date hearing aid fitted	Date of cochlear implant	Type of hearing loss (LEFT ear): Audiological Confirmation	Type of hearing loss (RIGHT ear): Audiological Confirmation	Type of hearing loss (LEFT ear): Audiological Certainty	Type of hearing loss (RIGHT ear): Audiological Certainty	Presumed/ Confirmed diagnosis. Other specific Risk factors and other information