Noise Induced Hearing Loss (NIHL) POC Hearing Aid Outcome Report

WSIB Ontario

Claim number

Visit wsib.ca/submit to submit this form and supporting documents.

A. Worker and Employment Information

Last name	First name	Initial
Date of Birth (dd/mm/yyyy)	Total number of visits (from dispense to progress follow-up) 1 - 2 3 - 4 5 or more	
Worker has completed the NIHL POC OR	Worker did not return / self-discharged from NIHL POC	
Worker has retired OR Worker is at work	Job title	

B. Health Professional Information

Audiologist Hearing Instrument Practitioner Other

Health Professional Name	Facility Name

Facility Address (no. street, apt.)	City/Town	Province	Postal Code	Telephone

Service Code **NIHLOR**	**Complete these fields if HST is applicable to this form**		
HST Registration No.	Service Code **ONHST**	HST Amount Billed	WSIB Provider ID.
Your Invoice No.	Date of Service (dd/mm/yyyy) (at Progress Follow-up or use date of report if worker did not return)		

C. Hearing Aid Technology/Device Selection

Manufacturer		Date of Dispense (dd/mm/yyyy)
Model	Type	Right Left Both ears

D. NIHL POC Hearing Aid Outcome Questionnaire

Completed by worker? Yes, see details below No, please provide explanation

Statement - Range: 5 (strongly agree) to 1 (strongly disagree) or N/A	Score
1. I can insert the batteries into my hearing aids.	
2. I can tell the right hearing aid from the left hearing aid.	
3. I can insert the hearing aids into my ears.	
4. I can operate all of the controls on my hearing aids (buttons, switches).	
5. I can operate the remote control or other accessories for my hearing aids.	
6. I can clean and care for my hearing aids.	
7. I am getting used to the sound quality of my hearing aids.	
8. I am getting used to the feeling of the hearing aids in my ears.	
9. I am getting used to the sound of my own voice when I wear my hearing aids.	
10. I can understand a conversation in a quiet place when I wear my hearing aids.	
11. I can understand a conversation in a noisy place when I wear my hearing aids.	
12. I can understand television when I wear my hearing aids.	
13. I can understand conversation on the telephone when I wear my hearing aids.	
14. I am satisfied with my hearing aids overall.	
15. Is there another situation you would like to describe related to the use of your hearing aids? (Describe)	

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

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Claim number

Last name	First name

E. Barriers to Hearing Aid Use (please check all that apply)

None Health Social Cognitive Other

Please provide details:

F. Hearing Services Provided (please check all that apply)

1. Assessment

- Audiometric testing (if not conducted in the past 6 months)
- Evaluation of communication needs
- Pre-fitting counselling and information for workers
- Selection of appropriate hearing aid technology
- Prescription ***keep a copy on file**
- Other, please specify

2. Dispensing and Fitting (1-2 weeks post assessment)

- Listening check and electroacoustic measures
- Hearing aid programming
- Physical fit and sound quality of hearing aid
- Hearing aid instructions
  - Insertion and removal of instruments
  - Batteries (size, how to change, disposal)
  - Usage patterns/adjustment
  - Manipulation of remote controls and /or special features and accessories
  - Access to multiple programs for varying listening situations
  - Telephone use
  - Assistive listening device coupling
  - Routine maintenance, safe storage, warranty information
- Worker education (e.g. counselling, education, information and social supports)
- Verification using real ear measurements ***keep a copy on file**
- **Provision of batteries for first year of use**
- Other, please specify

3. Initial Follow-up (2-4 weeks post-fitting)

- Reprogramming
- Physical fit adjustments
- Cleaning, repairs and remakes as needed
- Worker education and reinstructions
- Other, please specify

4. Progress Follow-up (90 days post-fitting)

- Validation: Completion of NIHL POC Hearing Aid Outcome Questionnaire
- Validation: Hearing aid use data: hours/day

Comments

- Reprogramming and physical fit adjustments
- Cleaning, repairs and remakes as needed
- Worker education and reinstruction
- Other, please specify

G. Hearing Health Care Provider Signature

Worker's file contains: Prescription; Verification using real ear measurements

Please submit with this report: Manufacturer's invoice (if not already submitted); NIHL POC Hearing Aid Outcome Questionnaire

Name	Signature	Date of report (dd/mm/yyyy)

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.