**Hearing Healthcare - Patient Registration Form – Part F**

**Wishes and Needs Tool (WANT)**

You have been given this form because your hearing loss has been assessed as mild.

You should complete this questionnaire without assistance from the practitioner or others, if possible. This will ensure that the answers reflect your own attitude and motivation to wearing hearing devices.

Please tick the box that best applies to you.

**Question 1**

**How strongly do you want to get hearing device/s?**

| 1. Don’t want them | 2. Slightly want them | 3. Want moderately | 4. Want them quite a lot | 5. Want them very much |
| --- | --- | --- | --- | --- |

**Question 2**

**Overall, how much difficulty do you have hearing (without hearing device/s)?**

| 1. No difficulty | 2. Slight difficulty | 3. Moderate difficulty | 4. Quite a lot of difficulty | 5. Very much difficulty |
| --- | --- | --- | --- | --- |

**Client/POA Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: …………. /…….…… /……..

WANT score (practitioner to complete): \_\_\_\_\_\_\_\_\_\_

**T-COIL OPT OUT AGREEMENT**

It is recommended that all the devices provided through the OHS program be fitted with a telecoil. A telecoil (aka T-switch) is a feature that allows electromagnetic energy to be amplified by a hearing aid. It can be used to speak on the phone, hear in a looped section of a theatre, church and/or public venue. Please note that if you are selecting a custom device or a miniature BTE a telecoil may not be fitted due to size constrains or may affect the cosmetics of a device. You may authorize this practice NOT to order a telecoil in your new hearing aid(s) by signing the following:

I request my new aids to be ordered WITHOUT the telecoil option. I have been informed of the benefit of a telecoil and I DO NOT believe it will be of specific benefit to me. I understand that by opting out of the telecoil option I CANNOT request for it to be retrospectively fitted in the future.

**Client/POA Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: …………. /…….…… /……..