



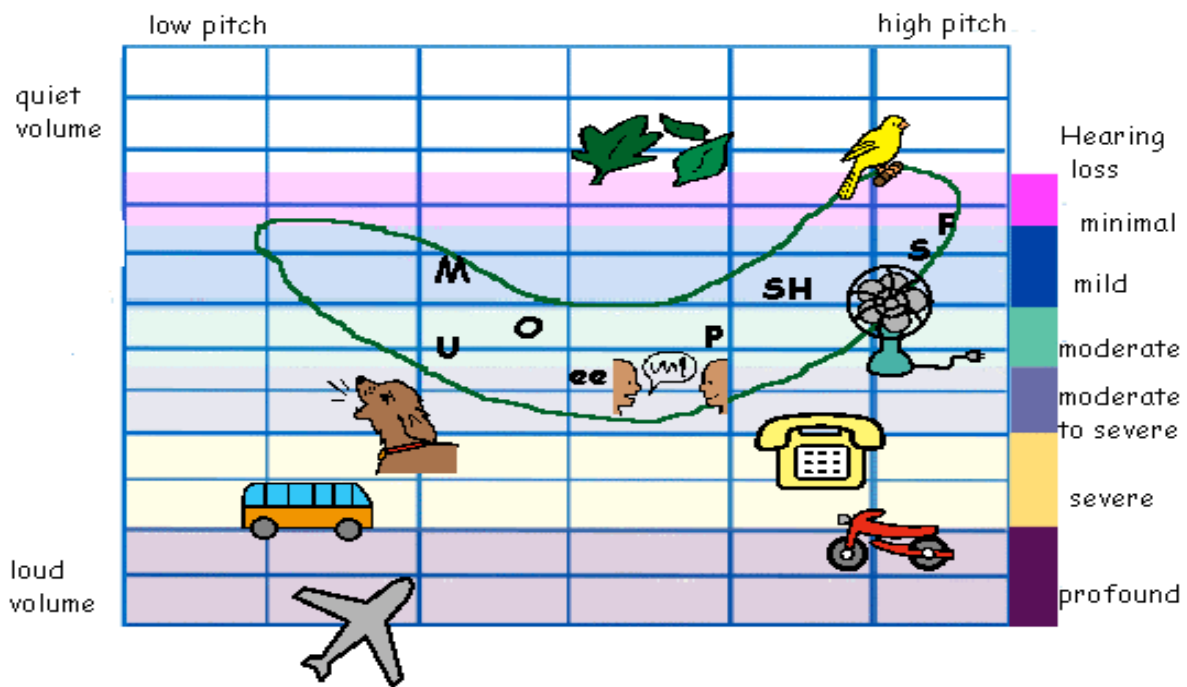
# My Hearing

Name

DOB

- I had a hearing test on \_\_\_\_\_ (date)
- I have a \_\_\_\_\_ (conductive/sensori-neural/mixed) hearing loss.  
This means that.....
- I have a \_\_\_\_\_ (mild etc) hearing loss in my \_\_\_\_\_ ear(s)
- When communicating with me remember:.....  
.....  
.....

## Guide to what I might hear in my right/left ear



Sounds that I will not hear or that will be very difficult to hear

- I need to use 2 olive oil drops in each ear once or twice a week. This is to keep ear wax soft and stop it building up.
- I need to get my ears checked regularly for impacted wax and/or infection at the GP or hospital.
- I will be sent an appointment in 2 years time.  
Contact the audiologist if you have any problems before that. 201 1438