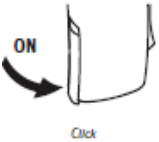

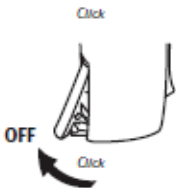

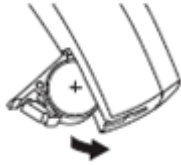



## IS YOUR HEARING AID IN, ON AND WORKING?

EVERY DAY		
TURN YOUR HEARING AID ON EACH MORNING		<b>DAY:</b> Turn <b>ON</b> by closing the battery door
WEAR YOUR HEARING AID EVERY DAY – GET INTO A ROUTINE		Put your ear <b>mould in correctly</b> . Is it comfortable? It should not whistle or buzz.
EVERY NIGHT		
SWITCH OFF YOUR HEARING AID EACH NIGHT		<b>NIGHT:</b> Turn <b>OFF</b> by opening the battery door
CLEAN YOUR EAR MOULD EVERY NIGHT		Clean your ear mould with an unscented <b>baby wipe</b> or <b>clean damp cloth</b> to stop it <b>getting blocked</b> .
EVERY WEEK		
CHANGE YOUR BATTERIES WEEKLY (they last 7-10 days)		Remove the label from the new battery and <b>put the battery in + side up</b>
EVERY 6 MONTHS		
REPLACE THE TUBING		<b>Contact Audiology</b> to get the tubing changed.

Shropshire NHS Audiology

Telephone: 01743 261482 [audiology@sath.nhs.uk](mailto:audiology@sath.nhs.uk)

For Information: [www.sath.nhs.uk/services/audiology](http://www.sath.nhs.uk/services/audiology) and You Tube Clips: 'C2Hear'

**HEARING AID DETAILS FOR:** \_\_\_\_\_

I have a hearing loss and wearing hearing aid/s Date: \_\_\_\_\_

**Hearing Aid Batteries**

<b>I can get my hearing aid batteries from:</b>	My local GP practice:  Other place e.g. Hospital:  By ringing Audiology on 01743 261482/Send brown book in the post with a request for batteries  Email: <a href="mailto:audiology@sath.nhs.uk">audiology@sath.nhs.uk</a>  Self-request via electronic request on Audiology website <a href="http://www.sath.nhs.uk/audiology">www.sath.nhs.uk/audiology</a>
<b>What Type of Batteries?</b>  <b>Where do I keep my batteries?</b>	Battery Code: P10 P13 P312 P672 (circle)  Battery Label Colour: Yellow Orange Brown Blue

**Hearing Aid Care and Maintenance**

<b>My local NHS Audiology clinic is at:</b>	
<b>My hearing aid details:</b>	Left: _____ Right: _____
<b>Tubing Type or code (Dome if appropriate):</b>	
<b>Is the volume control active?</b>	Yes _____ No _____ (Circle)  Details if yes: _____
<b>Hearing aid programme details:</b>	
<b>Where are the hearing aids kept when not in use?</b>	Colour of hearing aid box: _____  Where kept: _____