

Unscheduled Visit Form

ID NUMBER: U V F DATE: 5/5/2020 Version 1.0		
ADMINISTRATIVE INFORMATION		
0a. Completion Date: Day Vear Ob. Staff ID:		
Instructions : Audiologist will complete this form following an unplanned interaction (telephone call, email, or visit) with a participant experiencing difficulties with his/her hearing aid(s).		
A. Visit Information		
1. The unplanned interaction occurred by		
TelephoneA EmailB In-person VisitC		
2. Date of unplanned interaction: Month Day Year		
3. What was the reason for the unplanned interaction?		
Hearing aid not functioning		
3a. Specify other:		
4. Was the event resolved? YesY NoN		

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5. Wha	at action was taken to resolve the issue?
	Hearing aid sent to manufacturer, replacement device provided A \rightarrow GO TO ITEM 6 HAT replacement device provided B \rightarrow GO TO ITEM 6 Counseling C \rightarrow GO TO ITEM 6 In-office repairs D \rightarrow GO TO ITEM 6 Other
	5a. Specify other:
6. Was	s the Intervention Check-up Form (ICF or SICF) completed for this visit?
	NoN