

Date: _____

Name: _____

**I experience hearing loss.
Thank you for assisting with the indicated
accommodations below.**

YES		YES	
	SIGN LANGUAGE INTERPRETER		ALERT STAFF TO FACE ME
	SIGN LANGUAGE KEYWORD CARDS		PROVIDE SUMMARY NOTES FROM A MEDICAL SCRIBE
	FM LISTENING SYSTEM (ALSO KNOWN AS RADIO AIDS)		REPLACE SURGICAL MASKS WITH CLEAR MASKS
	INDICATE I PREFER TELEHEALTH FOR FUTURE APPOINTMENTS		INDICATE I PREFER IN-PERSON APPOINTMENTS
	DO NOT USE WRITING AS THE PRIMARY METHOD OF COMMUNICATION DURING MY APPOINTMENT		MOVE MY APPOINTMENT TO THE ROOM WITH THE LOWEST AMOUNT OF BACKGROUND NOISE
	PROVIDE ME WITH LOCAL RESOURCES FOR PEOPLE WITH HEARING LOSS		INCLUDE AND INTERACT WITH THE CAREGIVER/FAMILY MEMBER WITH ME TODAY
	SPECIAL ASSISTANCE IN NAVIGATING THE HOSPITAL		