HSDC
Hearing, Speech & Deaf Center

Artz Communication Center
1625 19th Ave Seattle, WA 98122
206.323.5770 www.hsdc.org

Work Accommodation Intake Form

Full Name: _____ Date of Birth: _____

I. Place of Employment

1. Place of Employment: _____
2. Employee Job Title: _____
3. Employer Contact (if required): _____
4. Brief Job Description / Key Responsibilities:

_____

_____

_____

II. Communication Settings

1. **Do you have trouble with (Please check all that apply):**

Signaling: ☐ Doorbell ☐ Phone ringer ☐ Call button/Paging
☐ Emergency alarms ☐ Lockdown/Evacuation alerts
☐ Other: _____

Meetings: ☐ Small Office ☐ Shop Floor / Cubicle ☐ Conference Room
☐ Auditorium/ Classroom ☐ Customer Service Desk ☐ Tours
☐ Medical Rounds ☐ Webinars
☐ Other: _____

In certain background noise levels:
☐ Low (voices are the loudest sounds in the room)
☐ Medium (voices must be raised above the noise)
☐ High (hearing protection required)

Other Environments:

_____

_____

_____

2. **Work Devices** (Please list manufacturer and model if use is required for work):

☐ Landline Phone: _____
☐ Cell Phone / Personal Device: _____
☐ Walkie Talkies/Radio: _____
☐ Headset: _____
☐ Other _____

_____

_____

_____

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Work Accommodation Intake Form (Cont'd)

III. Hearing History Overview:

Have you had your hearing tested before? ☐ Yes ☐ No

If yes, when? _____ Where? _____

What were the results? _____

Do you know what caused your hearing loss? ☐ Yes ☐ No

If yes, please explain: _____

_____

**** Include copy of most recent hearing evaluation ****

IV. Hearing Aids (Please fill out all known information):

RIGHT	LEFT
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Style : _____ (Behind the Ear, In The Ear, etc)	Style : _____ (Behind the Ear, In The Ear, etc)
Serial Number_____	Serial Number_____
Date dispensed: _____	Date dispensed: _____

How long have you worn hearing aids? _____

How much do you use your present hearing aid(s)? _____

Are your hearing aid(s) helpful for you? ☐ Yes ☐ No

Describe: _____

Other accessories (e.g. Phonak ComPilot, Oticon Streamer; FM systems):

_____

_____

_____

V. Other:

Are there other specific questions you would like to have answered?: _____

_____

_____

VI. Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____