

**HEARING LOSS
ID CARD**

**How to Help Our
Communication:**



Please:

- ❖ Note on my medical records that I have a hearing loss.
- ❖ Get my attention before talking.
- ❖ Face me - I need to see your face to lipread.
- ❖ Speak clearly - don't over emphasize or shout.
- ❖ If possible, turn off background noise.
- ❖ Don't cover your mouth.
- ❖ Rephrase if misunderstood.
- ❖ Write down important information.
- ❖ Ask me to repeat vital facts to be sure I understand correctly.

Thank you!

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Thank you!

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

Left ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

Right ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

In addition to wearing my
listening devices I also need:

To wake me:

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

Left ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

Right ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

In addition to wearing my
listening devices I also need:

To wake me:

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

Left ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

Right ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

In addition to wearing my
listening devices I also need:

To wake me:

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

Left ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

Right ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

In addition to wearing my
listening devices I also need:

To wake me:

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

Left ear:

Type: _____

Settings: _____

To turn on: _____

To turn off: _____

Right ear:

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Settings: _____

To turn on: _____

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In addition to wearing my
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To wake me:

**Without my hearing aid
/ cochlear implant
*I CAN'T HEAR YOU!***

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In addition to wearing my
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To wake me:
