

Deaf Support Service
Environmental / Audio Self Assessment Form

Name:		Date of Birth:	
Address:			
GP: Name		G.P- Address	
What are your contact details			
Telephone :		Fax	
Mobile :		Text phone	
Email :			

Tell us how you prefer to us to contact you: Please tick all that apply									
Telephone	<input type="checkbox"/>	fax	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Email	<input type="checkbox"/>	Text phone	<input type="checkbox"/>

Which is your first or preferred language / means of communication (Please tick)			
Spoken English	<input type="checkbox"/>	British Sign language	<input type="checkbox"/>
Sign supported English	<input type="checkbox"/>	Lipreading	<input type="checkbox"/>
Other spoken language : (please state)			

Hearing Aid information: (circle your answer)			
Do you have hearing aids		yes	no
If yes does it have a T switch or a loop facility		do not know	yes
Do you wear your hearing aid :		always	sometimes
When was your last check up:		never	
Audiology Services can be contacted on Tel:01384 321266, Fax: 01384 321606			

How do you want us to help you?

Pin:	Date Sent:	Date Returned:
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There may be other ways in which we can help you and if you wish to answer the following questions this will assist us to help you remain independent:

Responding to people at your main entrance : Doorbell		
Do you know when Visitors are at your door?	Yes	No
Have you got a door bell that you can hear?	Yes	No
If you have an intercom system, can you hear visitors when they arrive?	Yes	No

Communication: using a telephone		
Can you hear the telephone ringing in the home?	Yes	No
Can you hear conversations on the telephone?	Yes	No
Do you rely on others to make telephone calls?	Yes	No
Please tell us who is your telephone provider: eg BT / Virgin /Sky		
Type of phone: corded / cordless / big button		

Television / radio		
Can you hear the TV / radio clearly?	Yes	No
Do other family members or neighbours say that the TV /radio is too loud?	Yes	No
Can you hear the TV with your hearing aids?	Yes	No
Do you use subtitles?	Yes	No

Smoke Alarms		
Can you hear your smoke alarm without your hearing aids?	Yes	No
Do you live alone?	Yes	No
Has the fire service visited you for a free home safety check?	Yes	No
Have the fire service fitted specialist smoke alarms for you?	Yes	No
If you would like a Fire Safety check please contact the West Midlands Fire Service: Email: contact.centre@wmfs.net Fax: 0121 380 7201 Freephone: 0800 389 5525		

Carer		
Are you the main carer for some one in the home?	Yes	No
Baby /children /adult.	Yes	No
Do you have any difficulties with this caring role?	Yes	No
Please give details:		
Would you like a Carers assessment	Yes	No

Communication		
Do you have difficulties hearing a conversation inside your home?	Yes	No
Do you have any difficulties hearing a conversation outside?	Yes	No
Do you think you would benefit from learning to lip-read?	Yes	No

Support Groups – where you can meet people with the same condition or concerns		
Would you like further information ?	Yes	No

Do you have any other difficulties with your hearing that we need to know about?

Is there anything else you would like us to know that will support this assessment for example other illness, visual impairment, physical difficulties, about yourself or any member of your household?

If you need help completing this form please contact the Deaf Support Service
<p>Telephone: 01384 813462 Minicom:01384 230025 Fax:01384 813464 Text phone 0781 226 4635 Email: DisabHearing.Dachs@dudley.gov.uk</p> <p>Or you can use our drop in service that is available Monday, Tuesdays and Thursdays 10-1pm at : Queens Cross Network ,Wellington Road ,Dudley , DY1 1RB</p>

Signature of the person completing the form:	Date:
<p>If you have completed this form on behalf of someone else please fill in the following details: Name: Address: Relationship to named person:</p>	

Please return the form, in the envelope provided to:
Deaf Support Services ,Queens Cross Network , Wellington Rd, Dudley, DY1 1 RB