



eyes open
ears on



EYES OPEN EARS ON HANDBOOK

WE CREATED THIS HANDBOOK FOR YOU.

HEARTSFORHEARING.ORG
OKC 405.548.4300 | TULSA 918.392.7600

MY NAME IS



HEARTS
for
HEARING

about me

how to support me

**what's important for
me**

**what's important to
me**

MY SUPPORT SYSTEM

A large, empty rectangular box with a dark teal border, intended for a drawing or illustration of the user's support system.

My Family

MY SUPPORT SYSTEM



My LSL Provider: _____

Phone Number: _____

Email: _____

MY SUPPORT SYSTEM



My Audiologist: _____

Phone Number: _____

Email: _____

MY SUPPORT SYSTEM



My ENT: _____

Phone Number: _____

Email: _____

MY HEARING INFORMATION



RIGHT EAR

Degree: _____

Type: Normal Hearing Sensorineural Conductive Mixed

Technology: _____

LEFT EAR

Degree: _____

Type: Normal Hearing Sensorineural Conductive Mixed

Technology: _____

[Insert audiograms behind here.]

MY APPOINTMENTS



Date	Time	Appointment Type

APPOINTMENT NOTES



Date

Appointment Type

Notes

Date

Appointment Type

Notes