TRANSFER REPORT : Infants and children

Recipient Partie	culars								
Surname				First n	First name				
Date of birth				I.D No	I.D No				
Name of mother				Name of father					
Residential addr	ess								
Postal address									
Contact person	C	Cell		Busine	Business / Home Email				
Case History In	formation	on							
						Dial			
						Rigi	Right ear Left ear		
Age at onset of			<u> </u>						
Date of diagnos Etiology	515 01 116		33						
	ofnoce b	oforo im	nlantatio	2					
Duration of dea Use of hearing			ipianiali0i	I					
Dre operative k	alus	toot rook	ulto						
Pre-operative h	leaning	lest resu	ills						
	<i>c</i>								
Warble Tone Fr	eefield	Inresho	ids (pre-ir	nplant)					
Date:	50011-	75011-	400011-	450011-	200		200011-	400011-	C00011-
250Hz Right	500Hz	750Hz	1000Hz	1500Hz	200	0Hz	3000Hz	4000Hz	6000Hz
Right Left									
Speech and La	000000		onmont (inaluda r	noci	+ roo	ont rong		

Implant History

				Ri	ight			Left		
	f initial su									
Implan	ting Surg	eon								
Audiolo	ogist									
Hospita	al									
	t Model									
	t Serial N	lumber								
Comment										
Sound Processor History										
				Ri	ight			Left		
Initial s	timulatio	n date								
Curren	t Process	sor Mode								
Serial r	number									
	t strength	ו								
Coil	Ŭ									
Cable										
Remot	e /App cc	nnectivit	V							
Mappi				•			<u> </u>			
	- U			Ri	ight			Left		
Speech coding strategy				<u>u</u>						
Mode										
Rate										
Maxim	а									
Pulse width / pulse										
characteristics										
Pre-processing										
	des dead	tivated								
Comments										
Warble Tone Freefield Thresholds (most recent post-implantation)										
Date:										
	250Hz	500Hz	750H	Ηz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz
Right				-						

Left									
Speech Perception Scores									
Date:									
Test Items	Presentation Recorded/Live	Presentation Level	Right score	Left Score	Bimodal/ Bilateral				
Recommendations									