

For professionals

# Cochlear implant programming

This appointment involved **two separate and distinct procedures**: Sound processor programming as well as post-operative auditory function status evaluation for surgically implanted device(s).

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## 01 Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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## 02 Appointment Information

Appointment Date: \_\_\_\_\_

Report Date: \_\_\_\_\_

Implant Status: \_\_\_\_\_

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## 03 Device Information

	Left ear	Right ear
Surgery Date:	_____	_____
Surgeon:	_____	_____
Internal Device*:	_____	_____
Sound Processor:	_____	_____
Initial Activation:	_____	_____
Time Since Initial Activation:	_____	_____
Magnet Strength:	_____	_____

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## 04 Presenting History/Discussion

Appointment completed via Remote Care:    Yes    No

**Specific Concerns Addressed:**

## 05 Sound Processor Programming

	Left Ear	Right Ear
Inspection of Incision/Magnet Site:	_____	_____
CI Listening Check:	_____	_____
CI Equipment Inspection:	_____	_____
Impedances:	_____	_____
Datalogging (average hours of daily use):	_____	_____

### Details About Abnormal Results:

### Psychophysical Measurements

	Left Ear	Right Ear
Measured T-levels	_____	_____
Swept and balanced C-levels	_____	_____
Measured eSRT	_____	_____
Population mean MAP	_____	_____
Adjusted C-levels	_____	_____
Ran AutoNRT	_____	_____
Changed MAP parameters	_____	_____

### Sound Processor Programs Downloaded

	P1	P2	P3	P4
Program Type:	_____	_____	_____	_____
Right Ear MAP Number:	_____	_____	_____	_____
Left Ear MAP Number:	_____	_____	_____	_____

## Hearing Satisfaction in Everyday Listening Conditions

Hearing satisfaction was assessed: Yes No

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Understanding what is on TV					
Talking with small groups (3–5 people)					
Hearing in background noise					
Listening to and appreciating music					
Talking on the telephone					

## Sound Processor Programming Comments

Completed assessment of speech perception and/or aided thresholds. See **SECTION 06** for details.

Bilateral CI candidacy was discussed with the patient.

## Impressions

Patient's equipment: \_\_\_\_\_

Patient's satisfaction with outcome of appointment: \_\_\_\_\_

Detection of soft level speech revealed through aided threshold assessment: \_\_\_\_\_

## Recommendations

Wear sound processor(s) during all waking hours.

Change cochlear implant microphone filters every 3–4 months, or as needed.

Return in time for follow up. Contact the clinic sooner if issues arise.

Additional recommendations: \_\_\_\_\_

Implications and recommendations were discussed with the patient and their family.

Patient agreed with the plan of care and was encouraged to contact the clinic with any questions or concerns.

Does report need to be sent to other professionals? No Yes, send to: \_\_\_\_\_

## 06 Evaluation of Auditory Function for Surgically Implanted Device(s)

Evaluation of auditory function for surgically implanted device(s) was additionally performed today. This service is independent of device programming and is medically necessary to monitor the progress of the therapeutic intervention. This service was provided in a sound booth and test results were compared to prior sessions to inform patient's progress and therapeutic recommendations.

### Unaided Testing

Unaided testing was assessed:    Yes        No

### Unaided Testing Comments:

### Aided Testing

Aided testing was performed while the patient utilized their hearing device(s) to determine if the device is providing adequate detection of soft sounds presented at various test frequencies. Sounds presented to the soundfield ranging from 250 Hz to 6000 Hz.

Aided Threshold Assessment:    Good        Fair        Poor

Sound Detection:    FRESH noise        Warble tones

<b>Aided Thresholds</b>	<b>250 Hz</b>	<b>500 Hz</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	<b>6000 Hz</b>
<b>Left Ear:</b>	dB	dB	dB	dB	dB	dB
<b>Right Ear:</b>	dB	dB	dB	dB	dB	dB

### Aided Speech Recognition

Aided speech recognition tests were presented to the soundfield at a level of 60 dBA in quiet and 65dBA in noise to evaluate the patient's ability to recognize speech when using the hearing devices. Results are compared to previous results to ensure the implanted device is providing the patient with adequate speech recognition. Recorded materials were used for all testing unless indicated in evaluation session comments.

### Aided Speech Recognition Test Scores

Testing Language:    English        Spanish        French        Other: \_\_\_\_\_

Test Condition: \_\_\_\_\_ Test Material: \_\_\_\_\_ %Correct: \_\_\_\_\_

Test Condition: \_\_\_\_\_ Test Material: \_\_\_\_\_ %Correct: \_\_\_\_\_

Test Condition: \_\_\_\_\_ Test Material: \_\_\_\_\_ %Correct: \_\_\_\_\_

Test Condition: \_\_\_\_\_ Test Material: \_\_\_\_\_ %Correct: \_\_\_\_\_

Test Condition: \_\_\_\_\_ Test Material: \_\_\_\_\_ %Correct: \_\_\_\_\_

Additional Tests Completed: \_\_\_\_\_

## Auditory Function Comments

Test results, implications, and recommendations were discussed with the patient and their family.

\* The CI632P Implant is not available in all markets.

For full list of indications, please refer to the Instructions for Use.

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