

# Residents' Hearing Aid Chart™

Name: \_\_\_\_\_ Room # \_\_\_\_\_ Hearing Aid Model: \_\_\_\_\_

Caregiver's Initials

Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____
Date: _____	_____
Time placed in storage: _____	_____
Time placed in ears: _____	_____
Daily or Weekly cleaning _____	_____