Resident hearing care passport

> **Confidential once completed.** Complete on paper or in your care home's approved systems, and store securely in line with your data protection policy. Never enter resident information on this website.

Name

Room

Date completed

Review date

My hearing

Hearing in my left ear / right ear (for example: good, some loss, very little)

My better ear is

I also have sight loss: yes / no

My equipment

- ☐ Hearing aids: left / right / both
- ☐ Cochlear implant: left / right
- ☐ Other equipment (amplifier, TV listener, loop, other):

Type and colour of hearing aids (and battery size, or rechargeable)

Supplied by (NHS service or private provider), with phone number

Cochlear implant centre (if applicable), with phone number

How to communicate with me

I prefer to communicate by (speech and lip-reading, BSL, writing, pictures, other)

To get my attention

What helps me most

What makes it harder

My hearing aid routine

Hearing aids in at / out at

Stored at night in

I need help with (putting in, cleaning, batteries, charging)

History

Last hearing test (date and where)

Ear problems, such as wax or infections

Care Home Hearing – free hearing care resources for care homes. Online version, training and more: https://carehomehearing.org/toolkit/resident-hearing-passport/

General information only. Always follow your care home's policies, the manufacturer's instructions and the resident's care plan. In an emergency call 999. Version: November 2026.