



GOVERNMENT OF PAKISTAN  
PAKISTAN BAIT-UL-MAL

HOSPITAL NAME. \_\_\_\_\_

**PROFORMA FOR PROVISION OF HEARING AID TO POOR PATIENTS  
IN GOVERNMENT HOSPITALS.**

1. Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Age/Sex \_\_\_\_\_

2. Address \_\_\_\_\_

3. **Child History:-**

a. Family history of hearing impairment/spoken language. \_\_\_\_\_

b. History of birth asphyxia \_\_\_\_\_

• Any other disability.

i) Mental retardation

ii) Visual impairment

iii) Physical handicapped

iv) Cleft lip/ cleft palate.

4. **Adult History:-**

a. Duration of hearing loss \_\_\_\_\_

• History of :

i) Vertigo \_\_\_\_\_ ii) Tinnitus \_\_\_\_\_

iii) CSOM \_\_\_\_\_ iv) Perforation \_\_\_\_\_

5. Degree of hearing loss in (dB) as per audiometric results. Right/ Left Ear \_\_\_\_\_

6. Recommendation of Hearing Aid with expected benefit from rehabilitative point of view.

Yes / No \_\_\_\_\_ (on the basis of clinical findings)

7. Specification of hearing aid \_\_\_\_\_

8. Type of hearing aid (a) Behind the Ear \_\_\_\_\_ (b) Pocket type \_\_\_\_\_

9. Cost of hearing aid on institutional rebate rate supported by quotation. \_\_\_\_\_

10. Detail of previous assistance from PBM (if any) \_\_\_\_\_

a. case No. \_\_\_\_\_ b. Amount. \_\_\_\_\_

Note:-Checked and verified by following:-

Doctor \_\_\_\_\_

Designation \_\_\_\_\_

Medical Social Officer

M.S/Administrator/Director

Signature/Thumb of the Patient

Consultant Audiologist/  
ENT Specialist