Phonak Lyric[™] self-replacement candidacy.

(to be completed at least 3 months after first Lyric fitting)

This form is designed to help you decide who will be a self-replacement candidate taking into account the health of the ears and the lifestyle of your patient. This is an additional form for people who are considering self-replacement. Please review the original Lyric candidacy form in conjunction with this one when assessing your patient.

Patient name:	Patient No.:	Date:	DOB:	
Ear health				
Please assess the overall health of your patient's ears after the first 3 months of wearing Lyric		Difficulty remembering or choosing	Difficulty remembering or choosing the right word \Box	
		Impaired recognition of famililar po	Impaired recognition of famililar people or objects	
Ear health contraindications for self-replacement		Episodes of poor or uncharacterist	Episodes of poor or uncharacteristic decision making	
Repeated ear health conditions (not moisture		Impaired abstract thinking that int	erferes with complex tasks \Box	
related) e.g., small hematoma irritation	□ Yes □ N		r behaviors	
Delicate skin prone to abrasions	□ Yes □ N	-		
Excessive wax that needs to be removed at	□ Yes □ N	If any of the above are checked, do	not proceed with self-replacement,	
every replacement		but continue to fit Lyric with the H	•	
Ok to proceed with self-replacement	🗆 Yes 🗆 N	Please consider referring the patient, either back to their general practitioner (Dr) or to a specialist for a second opinion.		
Mobility				
Please assess that your patient is able to remove and insert the Lyric safely and independently. If arm mobility or hand dexterity is		Screening test performed	□ Yes □ No	
		Screening test passed	□ Yes □ No	
compromised this may be a contraindication.		Ok to proceed with self-replacer	nent □Yes □No	
Dexterity	🗆 Yes 🗆 N	^o Outcome		
Comments:			If the Ear health, Mobility or Cognition section have been assessed as	
		No, then the patient is not a self-re		
Arm movement (able to reach ear)	□ Yes □ N			
Comments:				
		Lifestyle considerations:		
Ok to proceed with self-replacement	🗆 Yes 🗆 N	 Please consider your patient's lifes would contraindicate self-replacen 	tyle. While this is not something that nent certain activities may make	
Cognition		self-replacement a more attractive		
Please consider performing a cognition screening test to assess if		questions that you can ask to dete		
your patient will be able to follow the self-replacement guidelines for		Do you frequently undertake long		
insertion. The following questions can serve as a screening:		How far away do you live from the	_	
Check all that are present:		Less than 45 minutes away Over than 45 minutes away		
Frequent forgetfulness that interferes with daily	/ functioning	Do you swim and /or perform wate		
Episodes of confusion to time and place	Ľ		□ Yes □ No	
Difficulty performing everyday tasks				

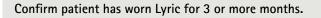


Self-replacement proficiency checklist

Before attempting self-replacement at home, your patient should be able to independently:

- □ Self-remove Lyric devices
- \square Identify Lyric landmarks and seal characteristics
- \Box Turn Lyric on using SoundLync
- \square Place Lyric into ear canal opening with correct orientation
- \square Position hand correctly for device insertion
- \Box Insert device slowly
- \Box Identify correct insertion depth by sound and feeling
- □ Feel confident and comfortable with self-replacement process





Introduce idea of self-replacement and complete initial candidacy – prepare patient for longer appointment next visit.

Teach patient how to do self-replacement while still wearing existing devices then have patient remove and practice.

Observe patient and determine next step (use above checklist to guide your decision).

Patient is confident and demonstrates proficiency. OK to proceed with selfreplacement at home. Patient shows promise, but needs more practice. Schedule another training appointment.

OR

OR

Patient has extreme difficulty with self-replacement. Reconsider if this patient is eligible.

