

Cochlear Implant Addendum

Note: complete this section only if you have a cochlear implant or if you are visiting our clinic for candidacy testing.

For Cochlear Implant Candidates:

Why are you considering a cochlear implant?

Do you have any concerns or questions about cochlear implants?

For Individuals with Cochlear Implants:

	Right:	Left:
Age of first implant:	_____	_____
Brand of current processor:	_____	_____
Date of surgery:	_____	_____
Location of surgery:	_____	_____
Name of surgeon:	_____	_____

Do you have a backup processor? yes no

When was your most recent cochlear implant mapping? _____

Questions or comments: