

**TRANSFER REPORT : Older Children and Adults**  
 TYGERBERG HOSPITAL-UNIVERSITY STELLENBOSCH COCHLEAR IMPLANT UNIT

Audiologist: ..... Date: .....  
 Referral to Cochlear Implant Program: .....

Recipient Particulars			
Surname		First name	
Date of birth		I.D No	
Name of mother		Name of father	
Residential address			
Postal address			
Home Tel	Cell	Business	Email

Case History Information		

	Right ear	Left ear
Age at onset of hearing loss		
Date of diagnosis of hearing loss		
Duration of deafness before implantation		
Use of hearing aids		
Pre-operative speech perception test scores		

Warble Tone Freefield Thresholds									
Date:									
	250Hz	500Hz	750Hz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz
Right									
Left									

Implant History		
	Right	Left
Date of initial surgery		
Implanting Surgeon		
Audiologist		
Hospital		
Implant Model		
Implant Serial Number		

Comment									
<b>Sound Processor History</b>									
	<b>Right</b>	<b>Left</b>							
Initial stimulation date									
Current Processor Model									
Serial number									
Magnet strength									
Coil									
Cable									
Remote S/N									
<b>Mapping</b>									
	<b>Right</b>	<b>Left</b>							
Speech coding strategy									
Mode									
Rate									
Maxima									
Pulse width									
Pre-processing									
Electrodes deactivated									
Comments:									
<b>Warble Tone Freefield Thresholds</b>									
Date:									
	250Hz	500Hz	750Hz	1000Hz	1500Hz	2000Hz	3000Hz	4000Hz	6000Hz
Right									
Left									
<b>Speech Perception Scores</b>									
Date:									
Test Items	Presentation Recorded/Live	Presentation Level	Right score	Left Score	Bimodal/Bilateral				
<b>Recommendations</b>									