

Communication Guide

Patient: _____

Vision: WFL* glasses eye patch large print

Hearing: WFL* hearing aids talk louder

* Within Functional Limits

Device: Yes No

If yes, what: _____

I have difficulty with: _____

Strategies to help me: _____

Safety Coach: Yes No

Questions? Please contact your speech therapist
_____ by paging _____.



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER