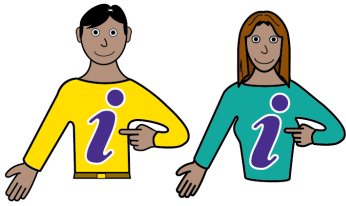


Consent form for hearing test.

This is for people **who have capacity**



Name.

NHS number.

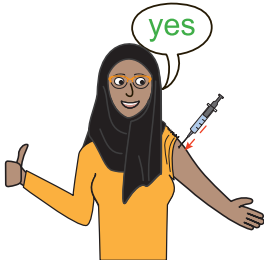
Date of Birth.



I am here to have my hearing tested.



I have seen the information in a way I can understand.

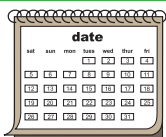


I would like to say yes to the hearing test.

I would like to say
yes to the hearing test.

☐

I would like to say
no to the hearing test

☐

Date



(((?Hearing test completed



Signed