

The Hearing Health Awareness Program

An Introduction for Family Physicians

The Hearing Health Awareness Program (“HHAP” for short) represents a collaboration among health care professionals and organizations concerned about the rise of untreated hearing health problems among a wide cross section of the public. There are several reasons for this trend including lack of knowledge and access, the stigma associated when hearing loss is equated to “growing old” as well as the manner in which various providers have historically addressed the issue.

Hearing is one of the key senses we all rely upon to communicate effectively and live well. It tends to decline with age (typically like one’s sight), noise exposure (endangering employees in certain workplaces and a growing number of younger people), several conditions (diabetes, obesity, cardiovascular issues to mention only a few) as well as a result of taking many commonplace medicines.

In fact, those with untreated hearing loss represent the largest cohort of people in Canada and the United States with a chronic condition - estimates range as high as 60 million plus. Many of those are individuals 40 and over who have mild or moderate losses.

We usually track our vision, weight and blood pressure. Why not our hearing profile? Ignoring one’s condition can lead to safety and medical problems as well as social isolation – a factor responsible for significant compromises in lifestyle if not worse.

The family physician is generally recognized as the critical gatekeeper for identifying this condition yet usually lacks the interpreted hearing test required to fulfill that role effectively with his or her patients. The program therefore aims to engage doctors in developing a comprehensive hearing health program that addresses their patients’ needs - particularly those thousands who are currently undetected or treated – that is easy to administer as well as rewarding for all participants. It is designed to provide the technology and guidance required to offer hearing health care services as part of conventional clinic practice enabling physicians to recommend preventative and rehabilitative strategies for their patients to follow.

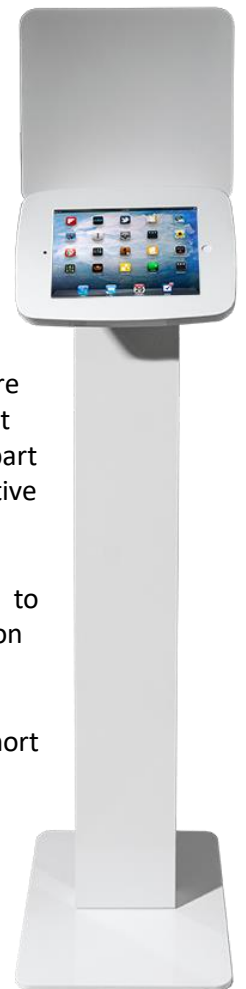
A touch screen kiosk, usually situated in the waiting room, employs a hearing triage approach to determine cases where treatment may be effective and cases where referral for hearing aid evaluation is appropriate. A baseline is also established for review with each patient.

The interpreted test provided by the kiosk when combined with an inspection of the ear and a short history is a billable procedure.

In addition to family physicians, the program provides an end-to-end process by including those other professionals involved in offering hearing health services – otolaryngologists, audiologists and hearing instrument specialists - who receive referrals for further assessment when a patient’s condition warrants.

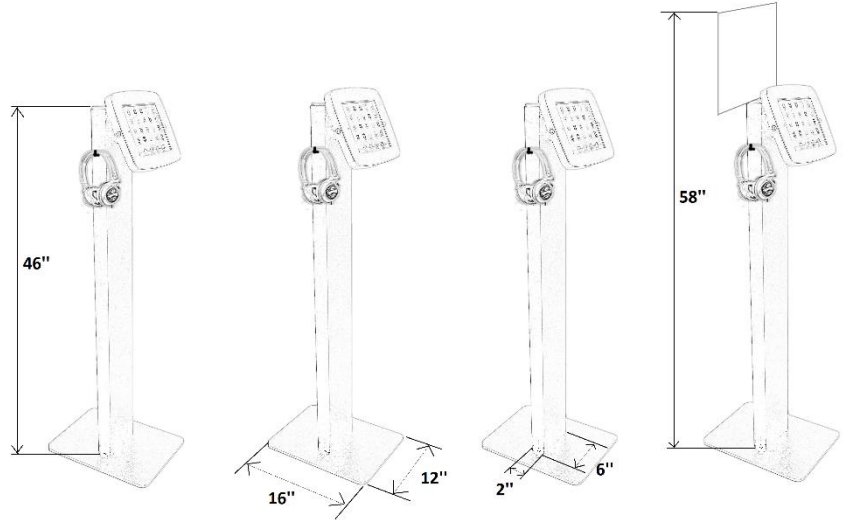
Participation in the program and the benefits it provides is voluntary. It is delivered by IDS Canada and Ultimate Kiosk Inc., funded by members of the hearing aid dispensing community and supported by Siemens Hearing Canada.

Powered by Ultimate Kiosk in collaboration with IDS Canada, family physicians, Siemens Hearing Canada and their partner dispensers



Mechanical

Footprint	41cm x 31cm	16" x 12"
Height	147.3cm	58"
Weight	15.9 kg	35 lbs.
Transportation box(1) size	13.97cm x 27.94cm x	11" x 36" x 60.5"
Transportation box(2) size	12.7cm x 45.72cm x	5" x 18" x 21"



Interested?

**For further information please complete this form and give it to a representative or
Alternatively fax it to 1-866-216-6178**

Note: By completing this form, you are only indicating a level of interest in having this service as a part of your practice. This is not a contract or agreement to proceed. After receipt of this form, an Ultimate Kiosk representative will contact you within 48 hours to confirm your submission and set up a meeting to fully introduce you to the system and answer any further questions. At that time, you will be asked to confirm your participation.

Please print clearly.

Name of Clinic: _____

Contact Name: _____ **# of Exam Rooms:** _____

Name of Physician(s): _____

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: () _____ **Fax:** () _____

Email: _____

DOCUMENT IDENTIFICATION

All practice information collected through this program is confidential and is used only for the purpose of implementing the Ultimate Kiosk program. The kiosk remains the property of Ultimate Kiosk throughout the program.

Data Sheet

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