

# PHONE SCRIPT

Answered By \_\_\_\_\_ Date \_\_\_\_\_

- Third Party Present     Purchase     Clinician Approval

**Greet the caller, answer the caller's question (or acknowledge the caller's statement), then without a pause ask the first question:**

1. *Are you calling for yourself or a loved one?*

- Self     Friend     Spouse     Loved One (Sibling, Child or Other Loved One)

2. *Are you (they) experiencing any pain or discomfort in your (their) ears?*

- Yes     No

3. *Do you (they) presently wear hearing aids?*

- Yes     No

4. *What sort of communication difficulties are you (they) experiencing?*

\_\_\_\_\_

5. *It sounds to me like you (they) are looking for some answers. Am I right?*

\_\_\_\_\_

6. *To give the professional answers that you are looking for, we will need to evaluate your (their) hearing.*

*Again, my name is \_\_\_\_\_. May I have your name, please? \_\_\_\_\_*

7. *We ask that a loved one come with you to the appointment. THE REASON is that we will use their voice during the testing. Who will that be? \_\_\_\_\_*

**\*If the patient responds that they don't have anyone to bring:**

*There is no need to worry about bringing someone. We will still be able to accurately evaluate your hearing.*

*Let's set a time for you!*

8. *Are mornings or afternoons better for you?*

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

9. Would \_\_\_\_\_ (day/time) work for you and (name of third party) \_\_\_\_\_?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

May I have the correct spelling of your last name? \_\_\_\_\_

In the event that our office needs to contact you prior to your appointment, we will call you.

What is your phone number? \_\_\_\_\_

And do you have an email address? \_\_\_\_\_

10. How did you hear about (name of practice) \_\_\_\_\_?

Newspaper       TV       Direct Mail       Yellow Pages  
 Business Card       Internet       Friend       Senior Center  
 Referral       Repeat Customer      Other: \_\_\_\_\_

11. We are located at (address of office): \_\_\_\_\_

Do you need directions to our office?

12. Mr./Mrs./Ms. \_\_\_\_\_, I am looking forward to meeting you and  
(name of third party) \_\_\_\_\_ on \_\_\_\_\_ (day, date, and time).

If for any reason (name of third party) \_\_\_\_\_  
will be unable to accompany you on the day and time we've set for your appointment, please call our office  
and we will reschedule the appointment.

Thank you for calling (name of practice) \_\_\_\_\_

Good-bye and have a great day/evening.

### If caller does not want to come in, ask:

We have some information about hearing aids that I think will be helpful. Would it be okay for me to send it to you?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_