

The Hearing Blog: Better Hearing & Speech Month screening form

INSTRUCTIONS:

Please fill out the first page of this form and give both pages to the Hearing Professional

Name: _____ DOB: _____

Address: _____

City-State-ZIP: _____

Phone: _____ E-mail: _____

Physician name: _____ Phone: _____

Physician address: _____ FAX: _____

Physician City-State-ZIP: _____

ENT name (if applicable): _____

CASE HISTORY: Please check the appropriate answers and fill in any answers:

Do you think you have a hearing problem? Yes _____ No _____

Is your hearing better in one ear? Left _____ Right _____ Same _____

Do you work around loud noise? Yes _____ Yes (but in the past) _____ No _____

List any noisy hobbies such as concerts, shooting, etc. you enjoy: _____

When did you have your last hearing screening or test? _____

Was this an OSHA workplace screening, a school screening, or as part of a medical exam? _____

Do you have any ringing, buzzing, roaring or other noises in your ear? Left _____ Right _____ Both _____ No _____

Do you have any dizziness or vertigo? Dizziness _____ Vertigo _____ No _____

Have you ever had any sudden or rapid progression of hearing loss? Yes _____ No _____

Have you had any recent ear infections or drainage? Yes _____ No _____

Do you have any pain, pressure, or discomfort in your ear(s)? Left _____ Right _____ Both _____ No _____

Have you received medical attention for any of the above conditions? Family doctor _____ ENT _____ No/NA _____

Did you have drainage tubes in your eardrums? As a child _____ As a teen or adult? _____ No _____

Do you have diabetes? Type I _____ Type II _____ No _____

PROFESSIONAL INSTRUCTIONS:

This patient was referred to you by The Hearing Blog for a Better Hearing & Speech Month screening. When complete, please fax or send this form to the patient's physician so it can become a part of his/her medical records as a baseline audiogram, which can be used in future years for comparison.

Also, please inspect the patient's hearing protection devices (HPD's) and counsel accordingly.

PROFESSIONAL EXAMINATION:

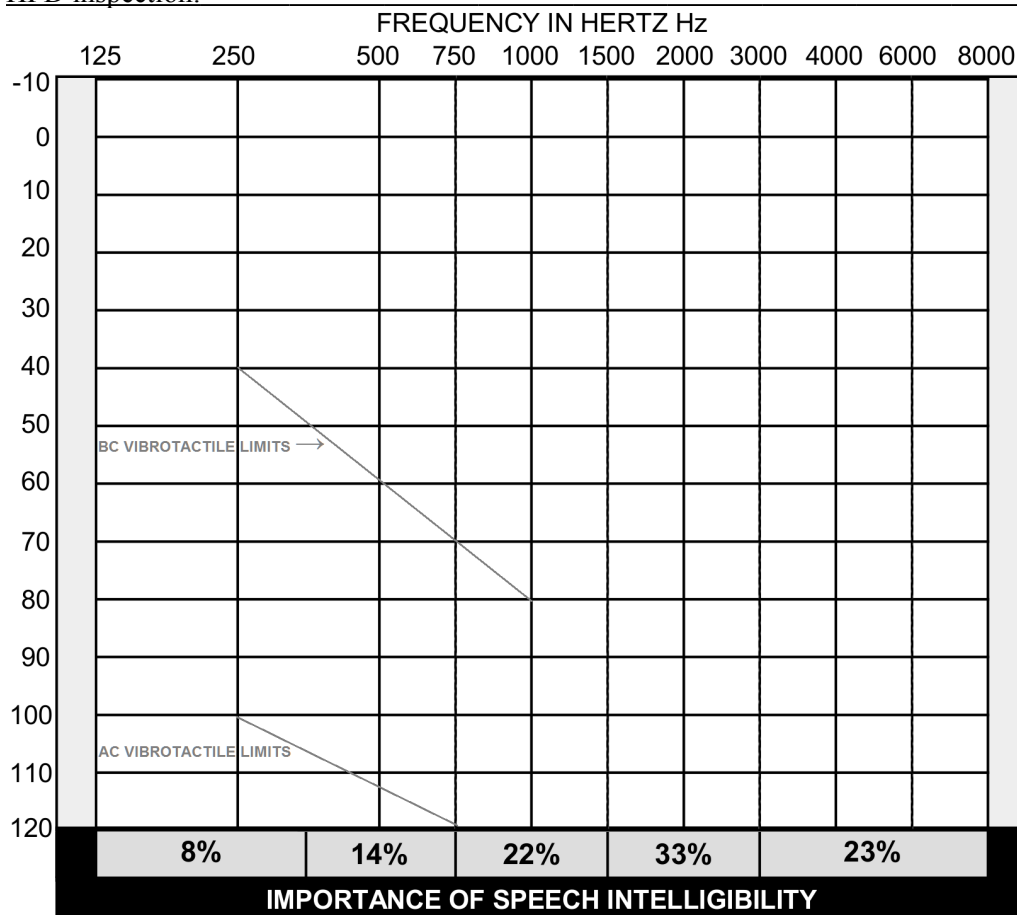
Referral for visual/otoscopic exam: Left Right No

Referral for cerumen management: Left Right No

Referral for otologic evaluation: Left Right No

HPD type(s): _____

HPD inspection: _____



AUDIOGRAM KEY				
	L	R	NRL	NR R
Air Conduction	X	O	X↓	O↓
Air Conduction Masked	□	△	□↓	△↓
Bone Conduction	>	<	∞	∞
Bone Conduction Masked]	[↓	↓
Bone Conduction Forehead	V	V	V↓	V↓
Bone Conduction Forehead Mask	⌈	⌈	⌈↓	⌈↓
Threshold of Discomfort Pure	●	●	●↓	●↓

HEARING LEVEL IN DECIBELS (ANSI) 1989

Speech perception: Left % @ dBHL || Right % @ dBHL Recorded Live

Professional's name: _____ Date: _____

Facility name: _____

Address: _____

City-State-ZIP: _____