

AUDIOLOGY SCREENING
CSH-223

This form is to be imprinted with the client's stamp plate by ward personnel.

Section I: To Be Completed By The Physician.

- A. Findings of Otoscope exam (this portion to be done no more than seven (7) days prior to the scheduled clinic). Anomalies noted, i.e. occlusions, perforations, overall appearance of the tympanic membranes. Impaction of the external auditory meatus should be resolved prior to the scheduled appointment.
- B. 1. Otologic History: Has client been seen in the ENT clinic? It would best serve the Otologists purpose if clients were scheduled for the Audiology clinic prior to ENT scheduling in Order that test results accompany client. Otherwise, the client might have unnecessary trips to the Clinics before his/her condition is resolved.
2. Is there known or suspected hearing loss? If yes, is there family history of hearing loss? Is or has the client been aided (if yes, please send aid with the client to clinic).
3. Has client worked in high noise environment? If yes, type(s) of noise environments and for what length of time? Did the client wear hearing protectors? Does the client hunt, ride motorcycles, listen to loud music (please insure that client has not listened under headphones at least 14 hours prior to scheduled test time), military service?
4. General description of speech: Are responses appropriate to questions asked? Does the client mumble? Talk exceedingly loud?
5. History of childhood illnesses: List all childhood illnesses that might contribute to loss of hearing. If additional knowledge is available as to conditions at birth (low birth weight, etc) please list.
6. Current medications: List medications that may be ototoxic (aspirin, aminoglycoside, tetracycline family). If client is about to begin a regimen that will include the above, please notify this office so that we can monitor for any adverse effects.
7. Other significant medical history: In addition to those listed on the form, please note any accidents, blows to the head, complaints of dizziness, complaints of head noises/tinnitus, complaints of fullness in the ear.

Physician must sign and date.

Section II:

To be completed, signed and dated by Audiologist.