

## AUDIOLOGY SCREENING

### SECTION I: TO BE COMPLETED BY PHYSICIAN

- A. Findings of Otoscope Exam: \_\_\_\_\_
- B. Otologic Hx:
1. Has patient been treated in ENT Clinic? Yes \_\_\_ No \_\_\_  
If yes, give date(s) and reason(s) for treatment. \_\_\_\_\_
  2. Is there known or suspected hearing loss? Yes \_\_\_ No \_\_\_ Unknown \_\_\_  
If yes, comments: \_\_\_\_\_
  3. Has patient worked in high noise environment? Yes \_\_\_ No \_\_\_ Unknown \_\_\_  
If yes, how long? \_\_\_\_\_
  4. General description of speech (Meaningfulness, intelligibility, complete or incomplete sentences, etc). \_\_\_\_\_
  5. Hx of childhood illness (measles, mumps, meningitis, etc.) \_\_\_\_\_
  6. Current medication: \_\_\_\_\_
  7. Other significant medical hx (diabetes, high blood pressure, CVA, etc.) \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

### SECTION II: TO BE COMPLETED BY AUDIOLOGIST

ANSI 1969

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz	8000 Hz
Right Ear						
Left Ear						

Pass \_\_\_\_\_ Fail \_\_\_\_\_ Could Not Test \_\_\_\_\_

Comments: Observation: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Audiologist's Signature

\_\_\_\_\_  
Date

Stamp Plate