

Hearing Assessment

Patient's <i>Last Name</i>	First Name	Initial	DOB	Age
Address <i>Street</i>		City	State	Zip/Postal code
Telephone Number <i>Home</i>	<i>Mobile</i>	Work	Date of Service <i>Month / Day / Year</i>	

PURE TONE AUDIOMETRY

TEST CONFIGURATION					
Audiometer					
Calibration					
Reliability					
Transducer					
	Air		Bone		No
	Unmasked	Masked	Unmasked	Masked	Response
Right	○	△	<	□	↘
Left	×	□	>	□	✓
CNT: Could Not Test NR: No Response Abs: Absent WNL: Within Normal Limits EP: Earphones			DNT: Did Not Test CNS: Could Not Seal Pres: Present WR: Word Recognition SF: Soundfield		

TYMPANOMETRY			
<i>Probe frequency</i>		Right	Left
R:	L:		
Type			
Pressure (daPa)			
Compliance (ml)			
ECV (ml)			
Gradient (daPa)			
Width (daPa)			
ACOUSTIC REFLEX / DECAY			
	Cont. R	Cont. L	IPSI R
			IPSI L
500 Hz			
1000 Hz			
2000 Hz			
4000 Hz			

WORD RECOGNITION. Presentation: Recorded / Word List:						
	dBHL	%	Mask	dBHL	%	Mask
Right						
Left						
Binaural						

SPEECH AUDIOMETRY. Word List:				
	SRT/SAT	Mask	MCL	UCL
Right				
Left				
Binaural				

Assessment completed by: _____

Signature: _____