

# 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>   | <i>Work</i>               |
|                              |            |         | Date of Service | <i>Month / Day / Year</i> |

## PURETONE AUDIOMETRY

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

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

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

| 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                 |         |         |        |        |

Assessment completed by:

Signature: