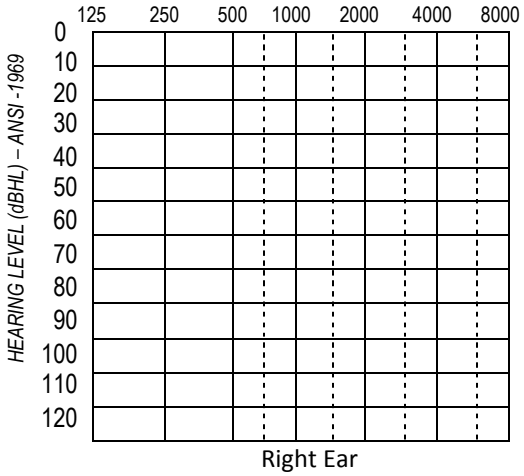
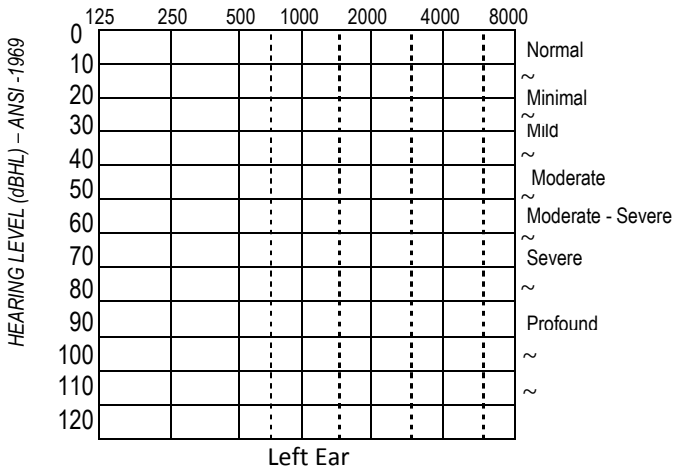
MRN: _____
P. Name: _____
Date of Birth:_____
Today's Date:_____

AUDIOLOGICAL EVALUATION

BRIEF HISTORY:

AUDIOGRAM





OTOSCOPIC EXAMINATION	RIGHT	LEFT
Visualized CLEAR ear canal		
Visualized PARTIAL / SIGNIFICANT wax build up		
CNT- would not tolerate ear canal viewing		
Other:		

TYMPANOGRAMS	RIGHT	LEFT
Type A – NORMAL Pressure & Compliance		
Type B – Abnormal Pressure & Compliance / FLAT		
Type C – Normal Compliance & Abnormal Pressure		
CNT – would not tolerate probe placement		

	500 Hz	1000 Hz	2000 Hz	4000 Hz	ACOUSTIC REFLEX
Right					
Left					

TRANSIENT / DISTORTION PRODUCT OTOACOUSTIC EMISSIONS	RIGHT	LEFT
Normal outer hair cell function for the majority of the speech frequency region.		
Other:		

	AC/MSK/ NR	BC/MSK
Right	O /△/ ↙	< \ [
Left	X/ □ / ↘	> \ ]
Soundfield = S (not ear specific)		
InsertPhones/EarPhones/ Soundfield		

Audiometer:
Technique – PTA /VRA / CPA
Test Condition: Quiet Mod-Quiet Noisy
Test Reliability: Good Fair Poor
NBN FM Warbled PureTone

	Unaided						WRS		Aided	WRS
	PTA	SRT	Mask	SDT	MCL	UCL	HL / %	Mask	SRT	HL / %
R										
L										
SF										

□ Live Voice □ Recorded List:_____

COMMENTS:

Audiologist(s): _____ Date:_____