

MINISTRY OF HEALTH AND SOCIAL SERVICES

EAR, NOSE AND THROAT DEPARTMENT

AUDIOLOGICAL ASSESSMENT

SURNAME & INITIALS:

DATE OF BIRTH:

GENDER: WARD/DEPT

ADDRESS/SCHOOL: TEST RELIABILITY

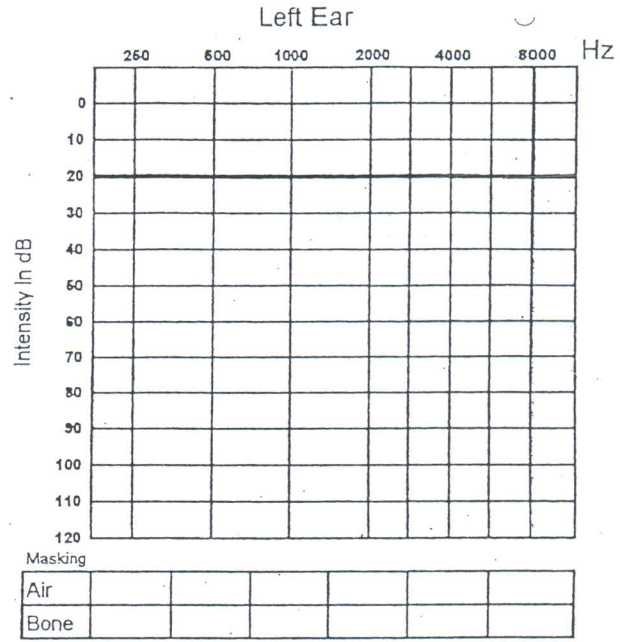
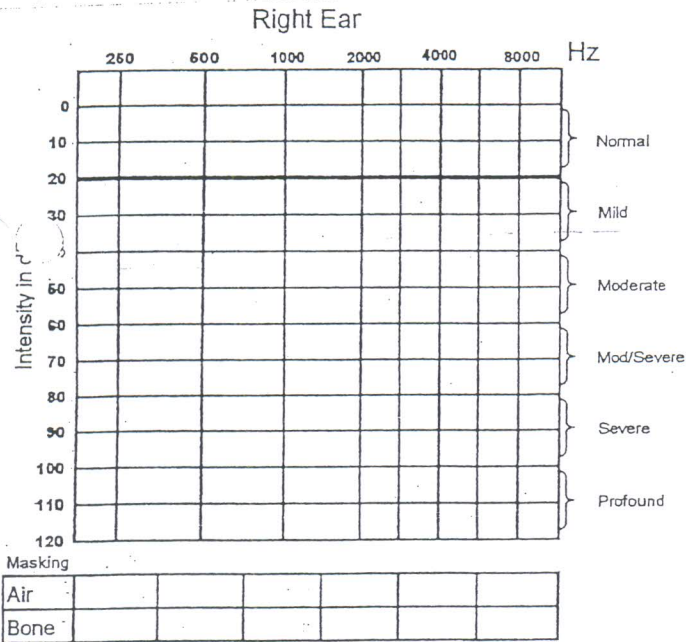
TELEPHONE: DATE: Good

REFERRED BY: TESTER: Fair

AUDIOMETER: NO. OF TEST: Poor

BACKGROUND INFORMATION:

PURE TONE AUDIOGRAM



% Hearing loss (ISO) Right % Left % Binaural % Type of loss:

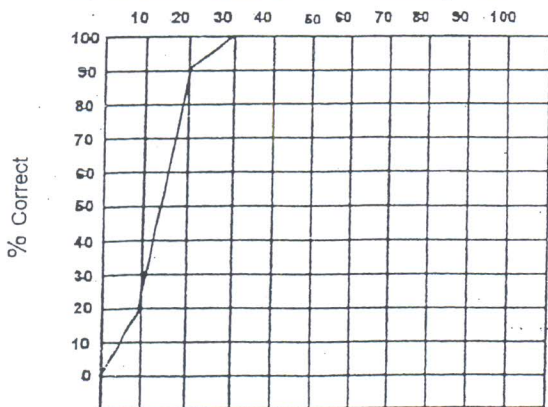
WEBER

250	500	1000	2000	4000

TYMPANOGRAM

	Type	M E P	Compliance	Ear canal vol
Right				
Left				

SPEECH AUDIOGRAM Intensity dB



HEARING AID EVALUATION

	TYPE		
	EAR		
	Aid - Lipreading	%	%
	Aid + Lipreading	%	%
	F.F - Lipreading	%	%
	F.F + Lipreading	%	%

	KEY	
	R	L
Air cond.	○	×
Bone cond.	∧	∨
Masked	△	▽
No response	↙	↘
Contra reflex	⊗	⊗
Ipsi reflex	□	□

REMARKS:

EAR	PTT	SRT	Max. discrimination
LEFT			
RIGHT			