

Your Hearing Today

Hearing Health Assessment



Please Print

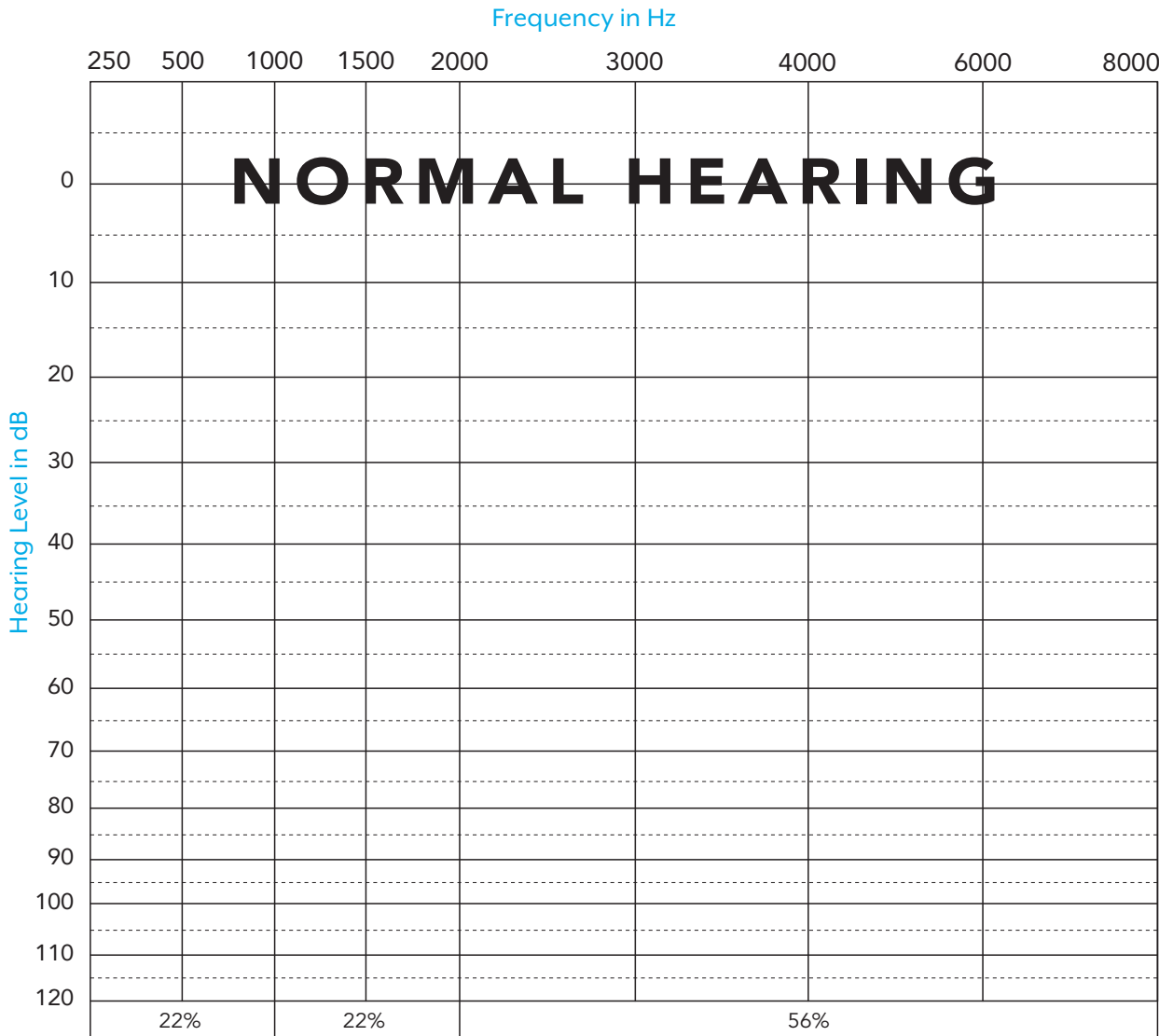
Audiometric Test Information

Today's Date ____ - ____ - ____

Patient's Last Name _____ Patient's First Name _____ MI _____

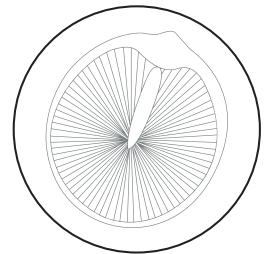
Examiner _____ Title _____

License # _____



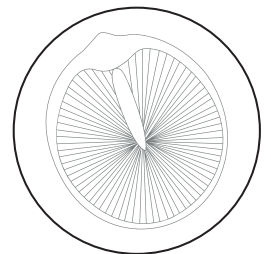
Otосcopy/Cerumen

RIGHT EAR



CERUMEN: CERUMEN MANAGEMENT:
 Light Yes
 Moderate No
 Heavy

LEFT EAR



CERUMEN: CERUMEN MANAGEMENT:
 Light Yes
 Moderate No
 Heavy

IMPORTANCE TO SPEECH INTELLIGIBILITY

	SRT	MCL	UCL	WORD DISCRIMIN.
RIGHT EAR	_____ dB	_____ dB	_____ dB	_____ %
LEFT EAR	_____ dB	_____ dB	_____ dB	_____ %
BINAURAL	_____ dB	_____ dB	_____ dB	_____ %

Symbols

	RIGHT	LEFT
Unmasked AC	○	×
Unmasked BC	<	>
Masked AC	△	□
Masked BC	↑	↓
No Response	↙	↘
<input type="checkbox"/> Insert Phones		
<input type="checkbox"/> Headphones		
<input type="checkbox"/> Sound Field		