AUDIOLOGY/ OTOLOGY CLINICAL ASSESSMENT FORM

(Includes history, examination, audiological testing and outcome)

(A) DEMOGRAPHICS

A1 ID Number _____

A2 Name _____

A3 Date of Birth dd/mm/yy ☐☐/☐☐/☐☐

A4 Hospital Number _____

A5 Today's date ☐☐/☐☐/☐☐

Place for Cleft identification sticker if available

(B) AUDIOLOGICAL HISTORY

(1) Current status:

B1A Does the child report any hearing problems?

☐ Yes_1

☐ No_2

☐ $Unsure_3$

$Details_{B1B}$ _____

B1C Does the parent report any hearing problems in the child?

☐ Yes_1

☐ No_2

☐ $Unsure_3$

$Details_{B1D}$ _____

(2) Past problems:

Has the child had hearing difficulties or Otological problems?

☐ Yes_1

☐ No_2

☐ $Unsure_3$

(C) PREVIOUS TREATMENT (confirm details with parents)

(1) ENT

A Have grommets ever been inserted?

☐ **Yes$_1$**

☐ **No$_2$**

☐ **Not recorded$_3$**

B If yes,	right ear	left ear
Date inserted	B1	B2
Date inserted	B3	B4
Date inserted	B5	B6

C Were grommets inserted at the time of palate closure?

☐ **Yes$_1$**

☐ **No$_2$**

D Number of occasions grommets were inserted: ☐☐

E Are grommets still in place?

☐ **Yes, right ear only$_1$**

☐ **Yes, left ear only$_2$**

☐ **Yes, in both ears$_3$**

☐ **No$_4$**

☐ **Not recorded$_5$**

F Have T-tubes ever been inserted?

☐ **Yes$_1$**

☐ **No$_2$**

☐ **Not recorded$_3$**

G If yes,	right ear	left ear
Date inserted	G1	G2
Date inserted	G3	G4
Date inserted	G5	G6

H Total number of operations for insertion of T-tubes ☐☐

I Are T-tubes still in place?

☐ **Yes, right ear only$_1$**

☐ **Yes, left ear only$_2$**

☐ **Yes, in both ears$_3$**

☐ **No$_4$**

☐ **Not recorded$_5$**

J Other ENT surgery:

☐ Yes$_1$

☐ No$_2$

☐ Unsure$_3$

K If yes, provide details of procedure (include side)

_____

_____

_____

_____

L Comments: _____

(2) Audiology

A Has a Hearing Aid ever been fitted?

☐ Yes$_1$

☐ No$_2$

☐ Not recorded$_3$

B If yes, how many times? _____

C Hearing Aid 1

C1 Date fitted _____ C2 Months worn _____

☐ Temporary – left ear$_{C3\text{-}1}$

☐ Temporary – right ear$_{C3\text{-}2}$

☐ Permanent – left ear$_{C3\text{-}3}$

☐ Permanent – right ear$_{C3\text{-}4}$

Temporary = aided until surgery, Permanent = aided with no surgery or when used intermittently

D Hearing Aid 2

D1 Date fitted _____ D2 Months worn _____

- ☐ Temporary – left ear$_{D3-1}$
- ☐ Temporary – right ear$_{D3-2}$
- ☐ Permanent – left ear$_{D3-3}$
- ☐ Permanent – right ear$_{D3-4}$

Temporary = when hearing loss is temporary e.g. fluctuating HL with OME, or pre-myringoplasty
Permanent = Permanent conductive, SN or mixed hearing loss

D4 Type of hearing aid: ☐ BC_1 ☐ AC_2

D5 (please give details of additional hearing aids on a separate sheet)

E Is a Hearing Aid still being worn?

- ☐ Yes, right ear only$_1$
- ☐ Yes, left ear only$_2$
- ☐ Yes, in both ears$_3$
- ☐ No$_4$
- ☐ Not recorded$_5$

(D) CURRENT TREATMENT (including medication)
D1 Is the child currently under treatment?

- ☐ Yes$_1$
- ☐ No$_2$
- ☐ Not recorded$_3$

D2 If yes, who are they seeing for treatment? _____

D3 At which hospital/clinic? _____

D4 Please specify type of treatment? _____

_____

_____

(E) OTOSCOPY

If eardrum is not seen please go to table below (F)

Otoscopy (appearance of tympanic membrane)

E1 Right	**E2 Left**
☐ Not Seen$_1$	☐ Not Seen$_1$
☐ Normal (NAD)$_2$	☐ Normal (NAD)$_2$
☐ Middle ear Effusion$_3$	☐ Middle ear Effusion$_3$
☐ Tympanosclerosis$_4$	☐ Tympanosclerosis$_4$
☐ Active perforation pars tensa$_5$	☐ Active perforation/ pars tensa$_5$
☐ Active perforation pars flaccid$_6$	☐ Active perforation pars flaccida$_6$
☐ Inactive perforation – pars tensa$_7$	☐ Inactive perforation – pars tensa$_7$
☐ Inactive perforation – pars flaccid$_8$	☐ Inactive perforation – pars flaccida$_8$
☐ Grommet in situ & patent$_9$	☐ Grommet in situ & patent$_9$
☐ Grommet in situ & blocked$_{10}$	☐ Grommet in situ & blocked$_{10}$
☐ T Tube in situ & patent$_{11}$	☐ T Tube in situ & patent$_{11}$
☐ T Tube in situ & blocked$_{12}$	☐ T Tube in situ & blocked$_{12}$
☐ Cholesteatoma$_{13}$	☐ Cholesteatoma$_{13}$
☐ Retraction – attic$_{14}$	☐ Retraction – attic$_{14}$
☐ Retraction – posterior marginal$_{15}$	☐ Retraction – posterior marginal$_{15}$
☐ Retraction – other$_{16}$	☐ Retraction – other$_{16}$

	Right	Left
E3 If able to class retraction: TOS grade:	_____$_A$	_____$_B$
E4 If able to class retraction: SADE grade:	_____$_A$	_____$_B$

E5 Other: write description: _____

(F) EAR CANAL EXAMINATION FINDINGS

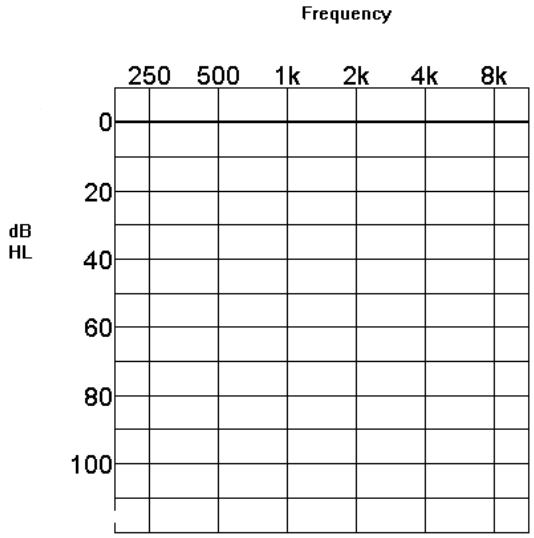
	Right ear	Left ear
F1 Wax	☐$_1$	☐$_2$
F2 Otitis externa	☐$_1$	☐$_2$
F3 Stenosis of the ear canal	☐$_1$	☐$_2$
F4 Foreign body	☐$_1$	☐$_2$
F5 Other	☐$_1$	☐$_2$

(G) AUDIOGRAM, Type of hearing assessment: _____G1

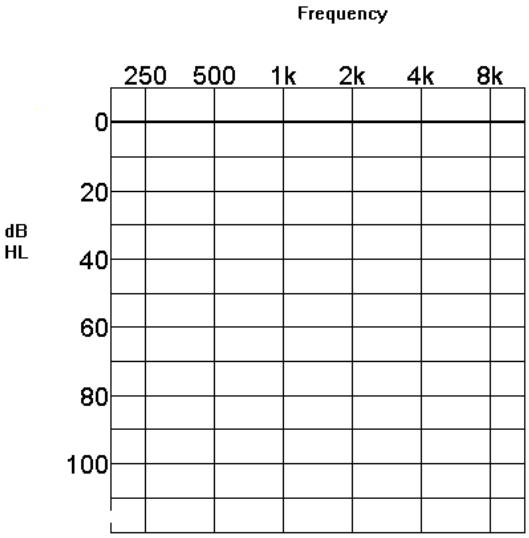
Air conduction and bone conduction threshold assessment in dBHL.
G2 If recorded any other scale; please indicate: _____

		G3 Right	G4 Left
< 20dB	Normal	☐ 1	☐ 1
21-40 dB	Mild	☐ 2	☐ 2
41-70 dB	Moderate	☐ 3	☐ 3
71-90 dB	Severe	☐ 4	☐ 4
> 91dB	Profound	☐ 5	☐ 5

British Society of Audiology (BSA) recommended procedure (2004)



G5 (RIGHT)



G6 (LEFT)

(H) TYPE OF HEARING LOSS

	H1 Right	H2 Left
Normal	☐ 1	☐ 1
Temporary Conductive HL	☐ 2	☐ 2
Permanaent Conductive HL	☐ 3	☐ 3
Sensorineural HL	☐ 4	☐ 4
Mixed HL	☐ 5	☐ 5

(definition of conductive hearing loss: at least 15dB air bone gap,
at 2 or more adjacent frequencies and air conduction levels >20dBHL)

(I) TYMPANOMETRY – with 226 Hz probe tone

I1 Right	**I2 Left**
☐ Type A Normal peak (-150 to +50 daPa)	☐ Type A Normal peak (-150 to +50 daPa)
☐ TypeB (Flat)	☐ TypeB (Flat)
☐ Type C1 Negative peak (>-150daPa)	☐ Type C1 Negative peak (>-150daPa)

I3 If type B (Flat) indicate Ear canal volume: Right _____I3A Left _____I3B

Jerger (1970) classification and BSA recommended procedure (1992) Ref; Jerger, J.F. (1970). Clinical experience with impedence audiometry. *Archives of Otolaryngology, 92*, 311-324.

(J) MANAGEMENT PLAN (please tick what applies):

☐ **J1 ROUTINE REVIEW**

J2 MEDICAL MANAGEMENT

☐ Refer to ENT$_1$

☐ Refer to Audiological Physician$_2$

☐ Community Paed (Audiology)$_3$

J3 Recommended assessment

☐ Planned review$_1$	☐ Mastoid surgery$_2$
☐ Medical treatment$_3$	☐ Dewaxing$_4$
☐ Grommets$_5$	☐ Myringloplaty/ Tympanoplasty$_6$

☐ Other$_7$ _____j3a

J4 AUDIOLOGICAL MANAGEMENT

☐ Refer to Audiology

J5 Recommended assessment

☐ Monaural hearing aids$_1$ ☐ Binaural hearing aids$_2$

(K) ADDITIONAL COMMENTS:

_____
_____
_____
_____
_____
_____
_____
_____

Thank you for filling this in – please state your

L1 Name: _____

L2 Designation: _____

L3 Email: _____

L4 Contact number: _____