

Conductive Hearing Loss Test

Patient Information			
Name:			
Date of Birth:			
Gender:	Male	Female	Other:
Contact Information:			
Referring Physician:			
Date of Referral:			
Chief Complaint:			
Medical History			
History of Ear Infections:	Yes	No	
Special Notes:			
History of Ear Trauma:	Yes	No	
Special Notes:			
History of Middle Ear Surgeries:	Yes	No	
Special Notes:			
History of Chronic Sinusitis:	Yes	No	
Special Notes:			

History of Allergies:	Yes	No
Special Notes:		
History of Occupational Noise Exposure:	Yes	No
Special Notes:		
History of Ototoxic Medications:	Yes	No
Special Notes:		
Presenting Symptoms		
Decreased Hearing:	Yes	No
Ear Pain:	Yes	No
Ear Discharge:	Yes	No
Tinnitus:	Yes	No
Fullness Sensation in the Ear:	Yes	No
Objective Assessment		
1. Otoscopy Findings		
Right Ear:		
Left Ear		
2. Tympanometry		
Right Ear:		
<ul style="list-style-type: none"> • Compliance: • Peak Pressure: • Classification: 		

Left Ear:

- Compliance:
- Peak Pressure:
- Classification:

3. Pure Tone Audiometry

Right Ear:

- Air Conduction Thresholds
 - 250 Hz: dB HL
 - 500 Hz: dB HL
 - 1000 Hz: dB HL
 - 2000 Hz: dB HL
 - 4000 Hz: dB HL
- Bone Conduction Thresholds
 - 250 Hz: dB HL
 - 500 Hz: dB HL
 - 1000 Hz: dB HL
 - 2000 Hz: dB HL
 - 4000 Hz: dB HL

Left Ear:

- Air Conduction Thresholds
 - 250 Hz: dB HL
 - 500 Hz: dB HL
 - 1000 Hz: dB HL
 - 2000 Hz: dB HL
 - 4000 Hz: dB HL
- Bone Conduction Thresholds
 - 250 Hz: dB HL
 - 500 Hz: dB HL
 - 1000 Hz: dB HL
 - 2000 Hz: dB HL
 - 4000 Hz: dB HL

Interpretation

Plan

Physician's Signature:

Date: