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: • 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: