

Otoscope Examination

Name:	
Date of Birth:	
Medical Record Number:	
Date of Examination:	

Chief Complaint:	History:	Equipment Used:
<input type="checkbox"/> Ear pain <input type="checkbox"/> Hearing loss <input type="checkbox"/> Tinnitus <input type="checkbox"/> Discharge <input type="checkbox"/> Itching	<input type="checkbox"/> Previous ear infections <input type="checkbox"/> Allergies <input type="checkbox"/> Recent upper respiratory infection <input type="checkbox"/> Trauma to the ear	<input type="checkbox"/> Otoscope <input type="checkbox"/> Speculum <input type="checkbox"/> Light source <input type="checkbox"/> Tuning fork (if needed for hearing assessment)

Examination:
1. External Ear
<input type="checkbox"/> Inspect for redness, swelling, lesions, or deformities. <input type="checkbox"/> Check for tenderness on palpation.
2. Ear Canal
<input type="checkbox"/> Inspect for cerumen, discharge, foreign bodies, or erythema. <input type="checkbox"/> Note any malodor.
3. Tympanic Membrane
<input type="checkbox"/> Position of the patient: Supine Sitting Other: <input type="checkbox"/> Inspect the tympanic membrane for color, landmarks, and integrity. <input type="checkbox"/> Note any perforations, effusion, or bulging.

4. Mobility of Tympanic Membrane

- Perform pneumatic otoscopy if necessary.
- Note any restrictions in movement.

5. Hearing Assessment (if applicable)

- Perform Weber test.
- Perform Rinne test.

6. Documentation of Findings

- Describe any abnormalities found during the examination.
- Record any patient discomfort or pain experienced during the examination.

Assessment:	Plan:
<ul style="list-style-type: none"><input type="checkbox"/> Normal ear examination<input type="checkbox"/> Cerumen impaction<input type="checkbox"/> Otitis media<input type="checkbox"/> Otitis externa<input type="checkbox"/> Foreign body<input type="checkbox"/> Tympanic membrane perforation<input type="checkbox"/> Other (specify):	<ul style="list-style-type: none"><input type="checkbox"/> Prescription for medication (if applicable)<input type="checkbox"/> Ear cleaning procedure (if cerumen impaction)<input type="checkbox"/> Referral to ENT specialist (if needed)<input type="checkbox"/> Follow-up appointment schedule:<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No

Patient Education:

- Explain the findings and diagnosis to the patient.
- Provide instructions for prescribed medications or follow-up care.
- Discuss preventive measures.

Follow-up Plan: