

Hearing Assessment

Patient's <i>Last Name</i>	First Name	Initial	DOB	Age
Address <i>Street</i>		City	State	Zip/Postal code
Telephone Number <i>Home</i>		<i>Mobile</i>	<i>Work</i>	Date of Service <i>Month / Day / Year</i>

PURETONE AUDIOMETRY

TEST CONFIGURATION					
Audiometer					
Calibration					
Reliability					
Transducer					
	Air		Bone		No
	Unmasked	Masked	Unmasked	Masked	Response
Right	○	△	<	□	↘
Left	×	□	>	□	↙
CNT: Could Not Test NR: No Response Abs: Absent WNL: Within Normal Limits EP: Earphones			DNT: Did Not Test CNS: Could Not Seal Pres: Present WR: Word Recognition SF: Soundfield		

WORD RECOGNITION. Presentation: Recorded / Word List:						
	dBHL	%	Mask	dBHL	%	Mask
Right						
Left						
Binaural						

SPEECH AUDIOMETRY. Word List:				
	SRT/SAT	Mask	MCL	UCL
Right				
Left				
Binaural				

TYMPANOGRAMS Pressure mm H2O. (R/L)

TYMPANOMETRY			
<i>Probe frequency</i>		Right	Left
R: L:			
Type			
Pressure (daPa)			
Compliance (ml)			
ECV (ml)			
Gradient (daPa)			
Width (daPa)			

ACOUSTIC REFLEX / DECAY				
	Cont. R	Cont. L	IPSI R	IPSI L
500 Hz				
1000 Hz				
2000 Hz				
4000 Hz				

Assessment completed by: _____

Signature: _____