Hearing Assessment

Patient's *Last Name*	*First Name*	*Initial*	*DOB*	*Age*

Address *Street*	*City*	*State*	*Zip/Postal code*

Telephone Number *Home*	*Mobile*	*Work*	Date of Service *Month / Day / Year*

PURE TONE AUDIOMETRY

TEST CONFIGURATION	
Audiometer	
Calibration	
Reliability	Excellent
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

TYMPANOMETRY		
Probe frequency R: L:	Right	Left
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				

Comments:

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				

Recommendations:

Assessment completed by: **Signature:**