

Name: **Able, Denny**Date **01/06/2005**DOB: **09/02/1941**Age: **63**Audiologist **John Doe, Au.D.**

## Hearing Aid:

Audiometer **GSI 61**

## Symptoms

- |                          |                          |                            |
|--------------------------|--------------------------|----------------------------|
| R                        | L                        |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Loss               |
| <input type="checkbox"/> | <input type="checkbox"/> | Tinnitus                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Noise Exposure             |
| <input type="checkbox"/> | <input type="checkbox"/> | Middle Ear Prob.           |
| <input type="checkbox"/> | <input type="checkbox"/> | Other symptoms (see notes) |

Right Left Hearing Aid Status

N/A	N/A	Functioning according to user settings
N/A	N/A	Providing appropriate benefit

## Otoscopy/Tympanometry Results

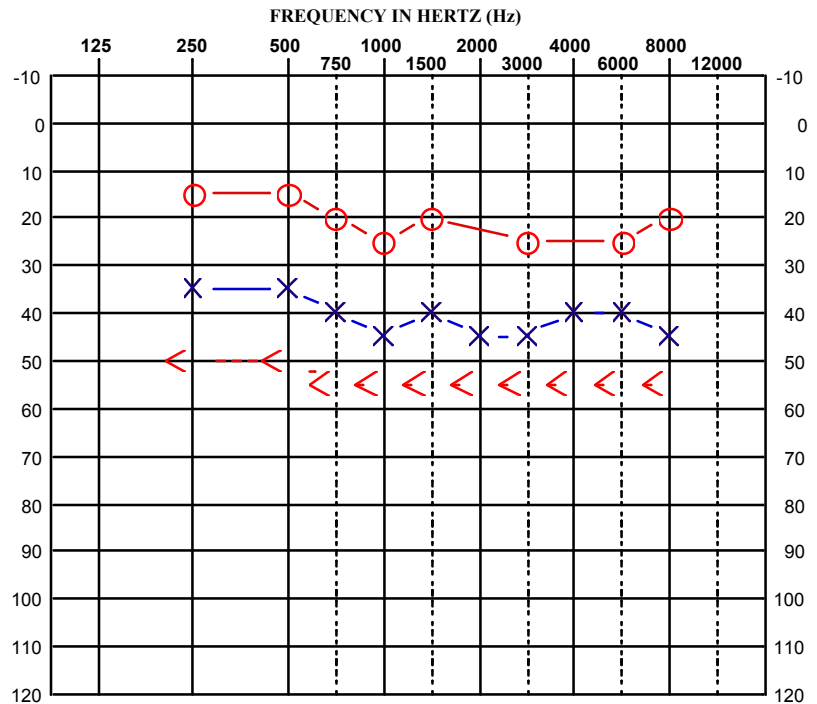
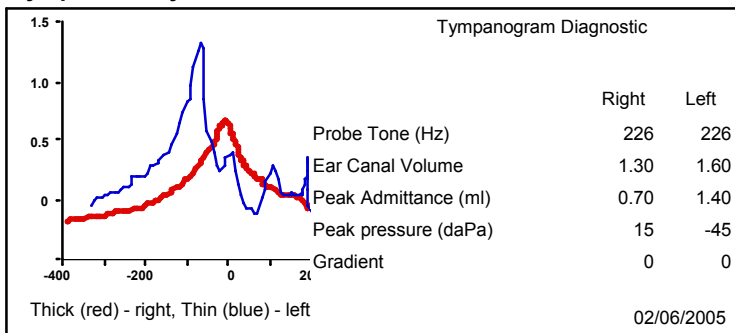
- |                          |                          |                    |                          |                          |                   |
|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------------|
| R                        | L                        |                    | R                        | L                        |                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Normal Otoscopy    | <input type="checkbox"/> | <input type="checkbox"/> | Normal Tymp       |
| <input type="checkbox"/> | <input type="checkbox"/> | Partially Occluded | <input type="checkbox"/> | <input type="checkbox"/> | Negative Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Cerumen            | <input type="checkbox"/> | <input type="checkbox"/> | Hypermobility     |
| <input type="checkbox"/> | <input type="checkbox"/> | Cerumen Removed    | <input type="checkbox"/> | <input type="checkbox"/> | Reduced Mobility  |
| <input type="checkbox"/> | <input type="checkbox"/> | P.E. Tube          | <input type="checkbox"/> | <input type="checkbox"/> | Flat Tympanogram  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Otoscopy     | <input type="checkbox"/> | <input type="checkbox"/> | Could Not Test    |

## Acoustic Reflex Results

	Right		Left		Right	Left
	Ipsi	Contra	Ipsi	Contra	Reflex	Decay
500	80	Abs	Abs			Abnrml
1000	CNT	95	UdB		Nrml	
2000						
4000	70	105	55	50		

Abs- Absent CNT- Could Not Test UdB- Undefined decibel level

## Tympanometry



- Stimulus ☐ Pure Tone ☐ Narrow Band Noise ☒ Warble ☐ Other
- Response ☐ Conventional ☐ Play ☐ Behavioral
- Reliability ☒ Good ☐ Fair ☐ Poor
- S/L ☐ WNL ☐ AA ☐ Sign Language ☐ Other
- ☐ Inserts ☐ Earphones ☐ Ear Specific testing Attempted

## Speech Tests

	Right	Left	Soundfield	
PTA		42	Unaided	Aided
SRT/SAT	20 dB [SRT]	30 dB [SRT]	45 dB [SAT]	70 dB [SRT]
MCL				
Discrimination				
	* 20% at 30 dB 50% at 50 dB 90% at 70 dB 40% at 90 dB		1% at 2 dB 3% at 4 dB 5% at 6 dB * 7% at 8 dB	

\*-masked test

## Diagnosis / Treatment Recommendations

This is a test of the text measurements.

Wound care instructions: 1) Keep steri-strips dry for first 24 hours, then you can let water and soap run over them. Just gently pat them dry afterwards. 2) The steri-strips should stay on for a week. After that you can remove them whenever you want. They will gradually peel off and typically fall off by themselves the second week after surgery. You can just trim the edges as they come up during the first week.