

# PATIENT HISTORY AND EXAMINATION RECORD

Patient name:	Assessed by:
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age:
Date:	Job:
Location:	

## HISTORY

Ear affected: right <input type="checkbox"/> left <input type="checkbox"/> both <input type="checkbox"/>
Hearing loss <input type="checkbox"/>
Ear discharge <input type="checkbox"/>
Ear pain <input type="checkbox"/>
Other (tinnitus/dizziness/itching)
Any other

## PINNA

LEFT EAR	RIGHT EAR
Normal <input type="checkbox"/> or Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> or Abnormal <input type="checkbox"/>
Infection of the pinna	Infection of the pinna
Skin infection	Skin infection
Infection of the pinna	Infection of the pinna
Pre-auricular sinus	Pre-auricular sinus
Injury to pinna	Injury to pinna
Deformity of the pinna	Deformity of the pinna
Some other problem	Some other problem

## EAR CANAL

LEFT EAR	RIGHT EAR
Normal <input type="checkbox"/> or Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> or Abnormal <input type="checkbox"/>
Wax	Wax
Foreign body	Foreign body
Otitis externa	Otitis externa
Fungal infection	Fungal infection
Some other problem	Some other problem

## EAR DRUM

### LEFT EAR

Normal  or Abnormal

Inflamed/bulging

Perforation

Dull/sucked in

Cholesteatoma

Some other problem

### RIGHT EAR

Normal  or Abnormal

Inflamed/bulging

Perforation

Dull/sucked in

Cholesteatoma

Some other problem

## MASTOID

### LEFT EAR

Normal  Inflammation  Swelling

### RIGHT EAR

Normal  Inflammation  Swelling

## FACIAL NERVE

### LEFT EAR

Normal  Weakness

### RIGHT EAR

Normal  Weakness

## HEARING TEST (WITHOUT EQUIPMENT)

IN CASE OF CHILD

Risk factor for hearing loss: Yes  No

Milestones for hearing and speech: On time  Delayed

Parent suspicion of hearing loss: Yes  No

Hearing assessment through distraction test/voice test

Left ear: Pass  Refer

Right ear: Pass  Refer

## IN ADULTS (WHISPERED VOICE TEST OR HEARWHO PRO)

### WHISPERED VOICE TEST

Left ear: Pass  Refer

Right ear: Pass  Refer

### HEAR WHO

Score above 50

### Probable diagnosis

### Treatment

### Review

Date and time:

Place:

### Referral

To GP/ENT doctor  audiologist  other

Name of doctor if available

Name of health facility, if available