

## **Hearing Screening (Adults)**

Name	Birth Date
Age Gender: M	F
Screening Unit/Examiner	Calibration Date
CASE HISTORY—CIRCLE APPROPRIATE ANSW	VERS
Do you think you have a hearing loss?	
	Yes No
Have hearing aid(s) ever been recommended for yo	
Is your hearing better in one ear?	Yes No
If yes, which is the <b>better</b> ear? Right	Left
Have you ever had a sudden or rapid progression of	of hearing loss? Yes No
Do you have ringing or noises in your ears?	Yes No
If yes, Right	Left Both
Do you consider dizziness to be a problem for you?	Yes No
Have you had recent drainage from your ear(s)?	Yes No
If yes, Right	Left
Do you have pain or discomfort in your ear(s)?	Yes No
If yes, Right	Left
Have you received medical consultation for any of t	he above conditions? Yes No
PASS REFER	
VISUAL/OTOSCOPIC INSPECTION	
PASS REFER Right Left	
Referral for cerumen management	Referral for medical evaluation
PURE-TONE SCREEN (25 DB HL) (R = RESPON	NSE, NR = NO RESPONSE)
Frequency 1000 2000 4000 Hz	
Right Ear Left Ear	
PASS REFER	
FA33 KEFEK	
Recommendations Medical Examination	
Cerumen	Management
Comments	

To locate an ASHA certified Audiologist, go to www.asha.org/proserv/