

PHONE:

FAX:

**AUDIOLOGY ASSESSMENT**

<b>Name:</b>	<b>PARIS ID:</b>	<b>Assessment Date:</b>
<b>Preferred:</b>	<b>PHN:</b>	
<b>DOB:</b>	<b>Age:</b>	<b>Phone:</b>
<b>Gender:</b>	<b>Physican:</b>	<b>School:</b>
<b>Home Address:</b>		

**EHP Patient**

EHP PATIENT

NON-EHP PATIENT

**EHP Number:**

**EHP Discharge Date:**

**Hearing Risk Factors**

Hearing Risk Factor	Comments
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**Background Information**

- Hearing concerns at home
- Hearing concerns at school
- History of middle ear problems
- Dizziness
- Tinnitus
- Follow up from newborn hearing screening
- School screening follow-up
- Speech-language concern
- Review of hearing status:
- Known hearing loss:
- Hearing equipment
  - Hearing aids:
  - FM equipment:

**Other:**

**Comments:**

**Results**

<b>Result Status:</b>	<b>Ear Specificity:</b>
<b>Soundfield Result:</b>	
<b>RIGHT</b>	<b>LEFT</b>
<b>Degree:</b>	<b>Degree:</b>
<b>To:</b>	<b>To:</b>
<b>Type:</b>	<b>Type:</b>
<b>Overall Result:</b>	<b>Overall Result:</b>
<b>Course:</b>	<b>Course:</b>
<b>Configuration:</b>	<b>Configuration:</b>
<b>Comments:</b>	

# AUDIOLOGY ASSESSMENT

Name:	PARIS ID:
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## Tests Conducted

Otoscopy     Middle Ear     Beh - fz     Beh - bb     OAEs     ABR     ASSR

## Otoscopy

Unremarkable	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	LEFT
Excessive ear wax: Non-occluding	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	LEFT
Excessive ear wax: Occluding	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	LEFT
Ventilation tube extruded	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	LEFT
Ventilation tube in situ	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	LEFT
<input type="checkbox"/> Attempted but not successful (RIGHT)			<input type="checkbox"/> Attempted but not successful (LEFT)	

Comments:

## Middle Ear

Attempted but not successful	<input type="checkbox"/>	Attempted but not successful	<input type="checkbox"/>
<b>RIGHT</b>		<b>LEFT</b>	
<b>Tympanogram Frequency:</b>		<b>Tympanogram Frequency:</b>	
<b>Middle ear pressure:</b>	daPa	<b>Middle ear pressure:</b>	daPa
<b>Static admittance:</b>	ml	<b>Static admittance:</b>	ml
<b>Ear canal volume:</b>	ml	<b>Ear canal volume:</b>	ml
<b>Interpretation of tympanogram:</b>		<b>Interpretation of tympanogram:</b>	

## Acoustic Reflex Screening

<b>Right:</b>	<b>Left:</b>
<b>Diagnostic Acoustic Reflex:</b>	

Comments:

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## Behavioural

### Frequency-Specific Stimuli

#### Assessed By

- Behavioural Observation Audiometry (BOA)
- Visual Reinforcement Audiometry (VRA)
- Conditioned Play Audiometry (CPA)
- Conventional Audiometry

#### Stimulus Type

- Narrow Band Noise (NBN)
- Pure Tone
- Warble Tone

#### Ear Specificity:

##### RIGHT

- Attempted but not successful

##### 500 Hz

A/C dBHL

B/C dBHL

##### 1 kHz

A/C dBHL

B/C dBHL

##### 2 kHz

A/C dBHL

B/C dBHL

##### 4 kHz

A/C dBHL

B/C dBHL

#### Reliability:

#### Localization:

#### Comments:

#### Transducer:

##### LEFT

- Attempted but not successful

##### 500 Hz

A/C dBHL

B/C dBHL

##### 1 kHz

A/C dBHL

B/C dBHL

##### 2 kHz

A/C dBHL

B/C dBHL

##### 4 kHz

A/C dBHL

B/C dBHL

# AUDIOLOGY ASSESSMENT

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## Broadband Stimuli

### Assessed By

- Speech Awareness Threshold (SAT)  
 Speech Reception Threshold (SRT)

### Stimulus Type

- Music  
 Recorded voice  
 Live voice  
 Other Specify:

### Ear Specificity:

#### RIGHT

- Attempted but not successful

MRL (A/C)

MRL (B/C)

### Reliability:

- Speech threshold(s) consistent with frequency specific findings

Comments:

### Transducer:

#### LEFT

- Attempted but not successful

MRL (A/C)

MRL (B/C)

## Word recognition testing:

## Otoacoustic Emissions

### DOPAE vs TEOAE:

#### RIGHT

- Attempted but not successful

Reproducibility % (when TEOAE):

Response replication (when DPOAE):

Patient State:

2000Hz:

3000Hz:

4000Hz:

Interpretation consistent with:

Right:

Comments:

### DOPAE vs TEOAE:

#### LEFT

- Attempted but not successful

Reproducibility % (when TEOAE):

Response replication (when DPOAE):

Patient State:

2000Hz:

3000Hz:

4000Hz:

Interpretation consistent with:

Left:

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**ABR**
**Transducer:**
**Reliability:**
**RIGHT**
**CORRECTION  
FACTOR**
**LEFT**
 Attempted but not successful

 Attempted but not successful

**500 Hz**

A/C dBnHL

-15

**500 Hz**

A/C dBnHL

B/C dBnHL

n/a

B/C dBnHL

**1 kHz**

A/C dBnHL

-10

**1 kHz**

A/C dBnHL

B/C dBnHL

n/a

B/C dBnHL

**2 kHz**

A/C dBnHL

-5

**2 kHz**

A/C dBnHL

B/C dBnHL

n/a

B/C dBnHL

**4 kHz**

A/C dBnHL

0

**4 kHz**

A/C dBnHL

B/C dBnHL

n/a

B/C dBnHL

**NEUROLOGIC INDICATORS**
**RIGHT**
**LEFT**
 Did not test neurologic indicators

 Did not test neurologic indicators

 Wave V clearly present

 Wave V clearly present

 Degraded wave V present

 Degraded wave V present

 Absent neural waveforms

 Absent neural waveforms

 Present CM

 Present CM

 VIIIth N Brainstem dysfunction

 VIIIth N Brainstem dysfunction

**Comments:**

# AUDIOLOGY ASSESSMENT

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## ASSR

Transducer:

Reliability:

RIGHT

LEFT

Attempted but not successful

Attempted but not successful

500 Hz

500 Hz

A/C dBHL

A/C dBHL

B/C dBHL

B/C dBHL

1 kHz

1 kHz

A/C dBHL

A/C dBHL

B/C dBHL

B/C dBHL

2 kHz

2 kHz

A/C dBHL

A/C dBHL

B/C dBHL

B/C dBHL

4 kHz

4 kHz

A/C dBHL

A/C dBHL

B/C dBHL

B/C dBHL

Comments:

## Equipment

Recorded By:

Date Recorded:

Team:

Equip Type:

Repair Co.:

Equip Item:

Vendor:

Funding Source:

If Other, Specify:

ID Funding Source:

Urgency:

Serial No.:

Purchase/Loan/Rent:

Replacement Value:

GF Strong ATSS Number:

Equip Mods.:

Date Requested:

Period Of Loan (Weeks):

Date Received:

No Longer Applicable

Review Usage On:

Due Return Date:

Client/Caregiver Competent with Equipment

Date Equip Returned:

Comments:

# AUDIOLOGY ASSESSMENT

Name:

PARIS ID:

## General Amplification Comments

## Hearing Aid Verification

Assessed By:

Date Assessed:

Test:

Comments:

## Summary

- Hearing normal bilaterally
- Hearing sufficient for normal speech and language development
- Hearing adequate for listening needs at home and at school
- No significant change since last hearing assessment

Comments:

## BCEHP Recommendations

- Medical Referral
- Expedited Medical Referral
- Amplification Device Referral
- Audiological monitoring
- Early intervention referral has been made through the BC Early Hearing Program
- Discharge from BCEHP

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## Non-EHP Recommendations

- Medical consultation
  - Check middle ear status
  - Cerumen management
  - Rule out any medical concerns related to hearing loss
  - Otological evaluation should be considered - referral to Otolaryngologist/ENT
  - Referral to pediatric Otolaryngologist/ENT for legally required clearance to fit amplification
  - Ongoing medical monitoring regarding middle ear status
  - Request for Family Doctor/Pediatrician to refer to BC Children's Hospital for Sedated Auditory Brainstem Response Test
  
- Preferential seating near teacher with direct visual contact of teacher's face and away from noise sources
  
- Hearing aids      Right:  
                             Left:
  
- Consider for Hearing Resource Teacher Services
- Referral to Community Speech Language Pathology has been made
- Consider for school based Speech-Language services
- Personal FM Equipment:
- Soundfield FM Equipment:
- Monitoring of hearing status
  - Audiology review date: \_\_\_\_\_ If exact date not known:
  - School hearing screening date: \_\_\_\_\_ If exact date not known:
  
- Discharge; review on request

**Comments:**

**Signature:** \_\_\_\_\_

**Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

----- End of Report -----