



Hearing Screening (Adults)

Name _____ Birth Date _____

Age _____ Gender: M _____ F _____

Screening Unit/Examiner _____ Calibration Date _____

CASE HISTORY—CIRCLE APPROPRIATE ANSWERS

Do you think you have a hearing loss?	Yes	No	
Have hearing aid(s) ever been recommended for you?	Yes	No	
Is your hearing better in one ear?	Yes	No	
If yes, which is the better ear?	Right	Left	
Have you ever had a sudden or rapid progression 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 the 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 = RESPONSE, NR = NO RESPONSE)

Frequency	1000	2000	4000 Hz
Right Ear	_____	_____	_____
Left Ear	_____	_____	_____

PASS REFER

Recommendations _____ Medical Examination _____ Counsel
 _____ Cerumen _____ Management

Comments _____

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