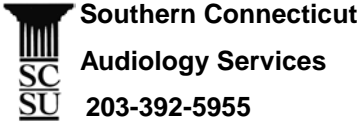


APPENDIX HH



NAME: _____

DATE OF BIRTH: _____

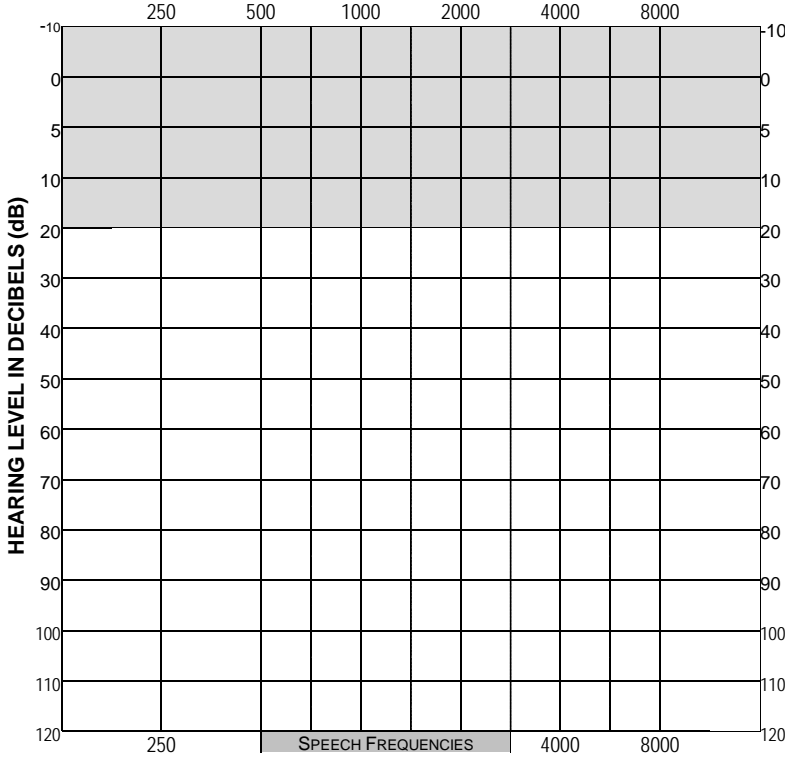
REFERRED BY: _____

AGE: _____

TESTED BY: _____

DATE OF TEST: _____

PURE TONE AUDIOMETRY (RE: ANSI 1996)



KEY:

X	AIR	O
□	AIR MASK	△
>	BONE	<
J	BONE MASK	[
↓	NO RESPONSE	↓
L	AIDED SOUND FIELD	R
	SOUND FIELD	S

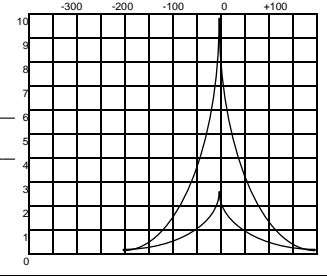
ACOUSTIC IMMITTANCE AUDIOMETRY

RIGHT EAR

Reflex Decay

Test Freq: _____

Result: _____



TYMPANOMETRY - R

TYMPANOGRAM TYPE
MIDDLE EAR PRESSURE
COMPLIANCE
CANAL VOLUME

CONTRA	.5k Hz	1k Hz	2k Hz	4k Hz	IPSI	.5k Hz	1k Hz	2k Hz	4k Hz
Right (AD) (phone ear)					AD (probe ear)				
Left (AS) (phone ear)					AS (probe ear)				

TYMPANOMETRY - L

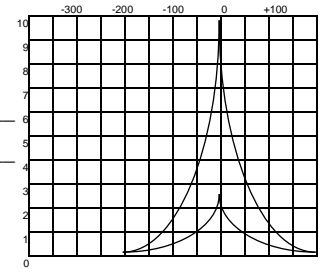
TYMPANOGRAM TYPE
MIDDLE EAR PRESSURE
COMPLIANCE
CANAL VOLUME

LEFT EAR

Reflex Decay

Test Freq: _____

Result: _____



MIDDLE EAR ANALYZER _____

TEST RIGHT: Masking level in left					
Air					
Bone					
TEST LEFT: Masking level in right					
Air					
Bone					

OTOACOUSTIC EMISSIONS (OAEs)

EMISSION TYPE USED	TEST TYPE PERFORMED
Transient	OAE Complete
Distortion Product	OAE Screening
OAEs results showed the following:	
Right Ear	
Left Ear	

OAE UNIT _____

SPEECH AUDIOMETRY

	PTA	SRT/ SAT	Speech Recognition	Speech Recognition	MCL	UCL
RIGHT (AD)			%	%		
Masking						
LEFT (AS)			%	%		
Masking						
MLV <input type="checkbox"/>	CD/tape <input type="checkbox"/>	W-22 <input type="checkbox"/>	WIPI <input type="checkbox"/>	PBK <input type="checkbox"/>	SPECIAL:	SPECIAL:
SOUND FIELD			%	%		
RIGHT AIDED			%	%		
LEFT AIDED			%	%		
BINAURAL			%	%		

HEARING AID INFORMATION

RIGHT AID: _____

LEFT AID: _____

OTOSCOPY: _____

IMPRESSIONS/RECOMMENDATIONS: _____

HISTORY: _____

AUDIOMETER: _____

AUDIOLOGIST: _____