

# MERF INSTITUTE OF SPEECH & HEARING

(A unit of MADRAS ENT RESEARCH FOUNDATION (P) LTD)

New No.1, Old No. 1/1, South Canal Bank Road, Mandaivelipakkam, Chennai - 600 028.

Tel: 24939143 / 24622403 Fax: +91-44-24622402

E-mail : merf\_ish@yahoo.com Website : www.merfish.org



## DEPARTMENT OF AUDIOLOGY

PATIENT NAME :

BILL NO. :

AGE / SEX :

OCCUPATION :

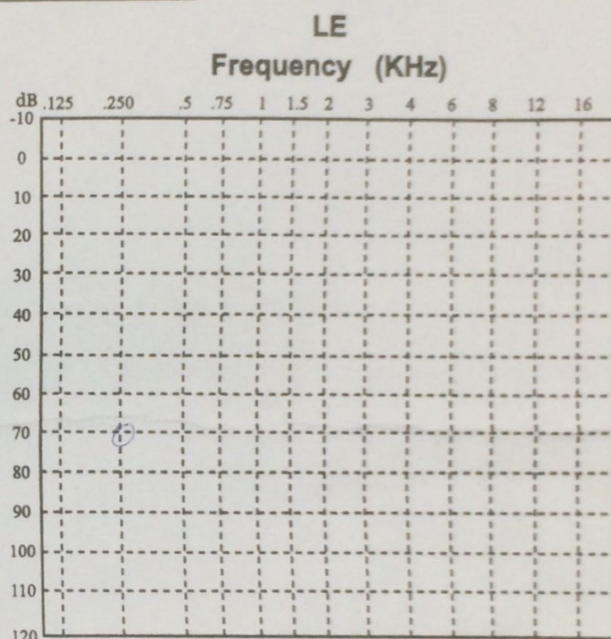
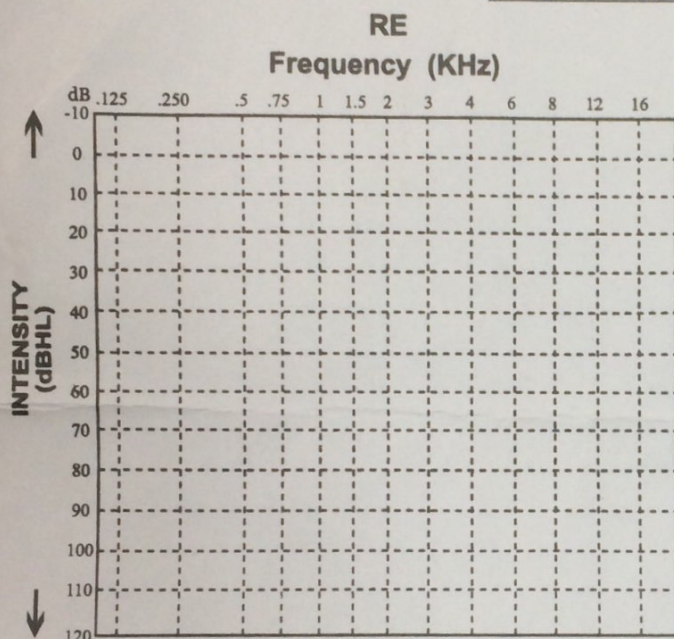
AUDIOMETER :

TEST RELIABILITY :

EXAMINER/CLINICIAN :

DATE :

## PURE TONE AUDIOMETRY



EAR	PTA	SRT	SIS	UCL	TDT
					STAT
RE					
LE					

	AC	BC	MASKED		NO RESPONSE	
			AC	BC	AC	BC
RE	O	<	△	[	⊙	⋈
LE	X	>	▽	]	⊗	⋉

Provisional Diagnosis :

Recommendation :

AUDIOLOGIST





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NAME :

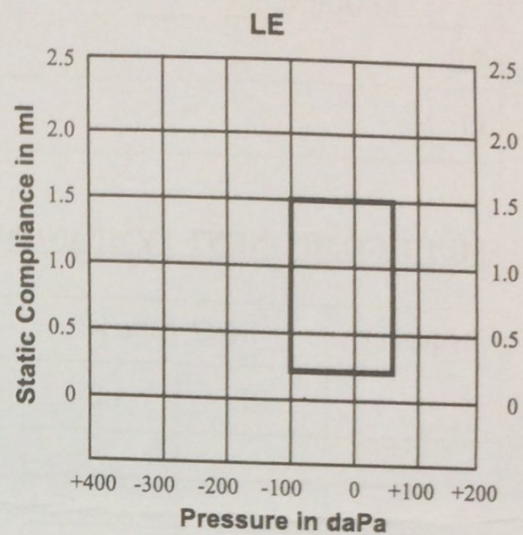
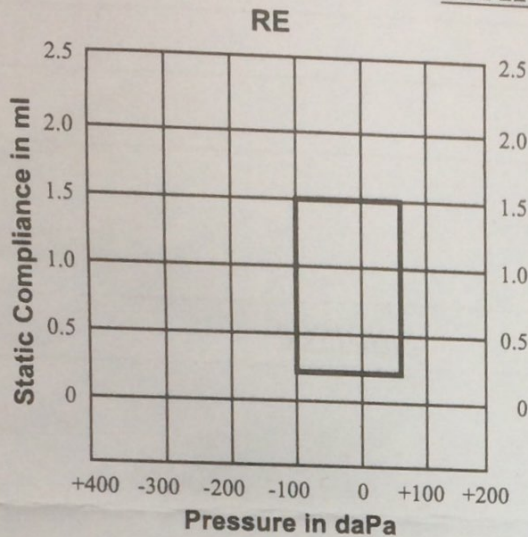
AGE / GENDER :

EXAMINER/CLINICIAN :

ID NO. :

DATE : / / 201

### TYMPANOMETRY



	Ear Canal Volume (cc)	Peak Pressure (daPa)	Static compliance (ml)
RE			
LE			

Findings: Impression

### REFLEXOMETRY

Frequency	Right ear (dBHL)		Left ear (dBHL)	
	Ipsi	Contra	Ipsi	Contra
500 Hz				
1 kHz				
2 kHz				
4 kHz				
BBN				

\* Stimulus is presented in the target ear for both Ipsi & Contra

Findings:



**ACOUSTIC REFLEX DECAY:**

	Presentation level	Decay Time		<u>FINDINGS</u>
		500Hz	1KHz	
RE				
LE				

**MULTIFREQUENCY TYMPANOMETRY:**

	RESONANT FREQUENCY	<u>FINDINGS</u>
RE		
LE		

**MULTICOMPONENT TYMPANOMETRY :**

Frequency	B&G pattern		<u>FINDINGS</u>
	RE	LE	

**EUSTACHIAN TUBE FUNCTION TEST:**

Test procedure:

	Pressure Difference	<u>FINDINGS</u>
RE		
LE		

**IMPRESSION**

AUDIOLOGIST





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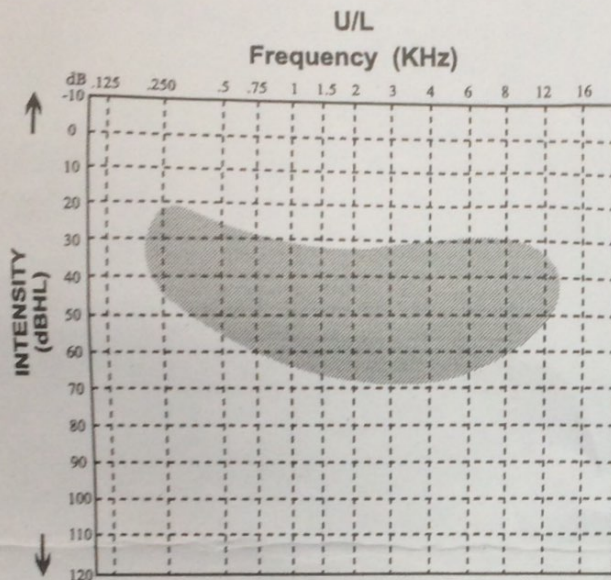
AUDIOMETER :

RELIABILITY :

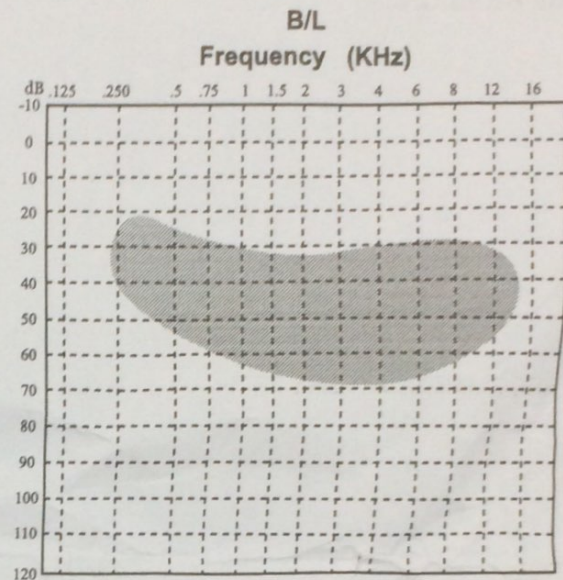
EXAMINER/CLINICIAN :

DATE :

### HEARING AID TRIAL



SAL : \_\_\_\_\_ dBHL SDS: \_\_\_\_\_ %



SAL : \_\_\_\_\_ dBHL SDS: \_\_\_\_\_ %

Unaided	S			Colour
Hearing aid / Cochlear Implant	ARI	Right Ear	Left Ear	R RED
Aided				L BLUE
				B/L BLACK
				EAS GREEN

Formal / Informal	Ling 6 sound			Awareness / Identification		
Condition	/a/	/l/	/u/	/m/	/s/	/sh/
R						
L						
B/L						

Formal / Informal	Spondees		Questions	
	Identification / Awareness		Identification / Awareness	
	Distance : _____ ft Level : _____ dBHL	Distance : _____ ft Level : _____ dBHL	Distance : _____ ft Level : _____ dBHL	Distance : _____ ft Level : _____ dBHL
R	Response : _____ /5	Response : _____ /5	Response : _____ /5	Response : _____ /5
L	Response : _____ /5	Response : _____ /5	Response : _____ /5	Response : _____ /5
B/L	Response : _____ /5	Response : _____ /5	Response : _____ /5	Response : _____ /5

(P.T.O)



NOTES :

IMPRESSION :

RECOMMENDATIONS :

AUDIOLOGIST

## BEHAVIOURAL TESTS :

Test - Pure Tone Audiometry /

- Special Tests (~~SSST~~, ~~TDI~~, ~~STAT~~)

## IMMITTANCE AUDIOMETRY :

## ELECTROPHYSIOLOGIC TESTS:

- BERA findings impression

- ~~ASSR~~

- OAE

- VEMP

→ CAEP.

--> OTHERS

## PROVISIONAL DIAGNOSIS

## HEARING AID TRIAL & OPTIMISATION

/ Aided audiometry

## RECOMMENDATIONS :

--> COUNSELLING

--> DEVICE

--> ENT REVIEW

--> FOLLOW UP

STUDENT CLINICIAN

STAFF INCHARGE

DATE :