## Your online consultation request for Ear problem

**SUBMITTED ON:** 10-03-2025 at 09:48:09

eConsult reference number for this request: 87fdb55b

PAUL,

The answers to your online GP consultation for ear problem are below.

Your practice will respond by phone, text or email  $\ensuremath{\mathbf{before}}$  on .

## Here are two important tips for ensuring you receive a response:

- A call from your practice may sometimes appear on your phone as "Blocked", "No caller ID" or "Private number"
- Check your junk email folder

If your doctor gives you a prescription, they will let you know where and when you can pick it up when they call you.

IMPORTANT: if your condition worsens or if you find the details you submitted are incorrect, please call the practice immediately on 01642 827697.

## NOW WE JUST NEED TO KNOW WHAT KIND OF HELP YOU WOULD LIKE:

You said: "Increased hearing loss Impossible to follow a conversation in group/meals, difficulty hearing calls and radio
2019 hearing clinic in JCUH. Based on the results I was given an appointment to get a hearing aid; eventually it was decided not to get a hearing aid. However, hearing has got much worse. Request: appointment with ENT/JCUH to assess hearing loss Alison Matti has examined my ears recently and has my preference."
Yes
You said: "daily oiling ears and ear spray"
Yes
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Yes

## WE'LL NOW ASK YOU SOME QUESTIONS ABOUT YOUR SYMPTOMS:

Please describe your symptoms.	You said: "Increased hearing loss Impossible to follow a conversation in group/meals, difficulty hearing calls and radio 2019 hearing clinic in JCUH. Based on the results I was given an appointment to get a hearing aid; eventually it was decided not to get a hearing aid.  However, hearing has got much worse.  Request: appointment with ENT/JCUH to assess hearing loss Alison Matti has examined my ears recently and has my preference."
Which ear(s) is affected?	Both

How long have you had this ear problem for?	Longer than 6 weeks
Is your ear(s) painful?	Yes
Do you have any hearing loss?	Yes
Has this hearing loss come on suddenly within the last 3 days?	No
Do you have any ringing in your ear(s)?	Yes
Which ear(s) is affected?	Both
Do you have any discharge from your ear(s)?	No
Do you have any bleeding from your ear(s)?	No
Is your ear(s) itchy?	Yes
Do you have any dizziness?	No
Have you had a temperature of 38 degrees C (100.4 degrees F) or above during this illness?	No
Have you had any uncontrollable shivering?	No
Do you have a headache?	No
Do you have a stiff neck?	No
Does it hurt to look at bright lights?	No
Have you developed a new rash over the last 48 hours?	No
Is your ear(s) red or hot to touch?	No
Is your ear(s) swollen?	No
Do you have pain behind your ear(s)?	No
Do you have any swelling in front of your ear on the side of your face?	No
Do you have a blocked or runny nose?	No
Have you previously been diagnosed with an ear infection?	Yes
What treatment did you receive previously for your ear(s) and did it work?	You said: "The ear spray has not worked to reduce the pain, but this is probably not the (main) cause of the hearing loss and therefore less relevant for my request to have appointment with ENT/JCUH to assess hearing loss."
Do you have eczema, psoriasis or other skin problems?	No
Have you been swimming in the last 2 weeks?	No
Do you have toothache or tooth problems currently?	No
Do you have pain in your jaw?	No
Do you wear hearing aids?	No
Have you had any surgery to your ear(s) in the past 2 weeks?	No
On the next screen you'll be able to upload photos related to your request. Uploading photos is optional.	Skip this
Please keep in mind that any photos you upload:	
<ul> <li>will be added to your clinical record and used for your clinical care,</li> <li>may be seen by male or female practice staff,</li> <li>should not be an intimate area (such as</li> </ul>	
genitalia, anus, bottom or breasts), even if these are the problem area.	
Is there anything else you would like to tell us that we have not asked?	Yes

Do you drink alcohol?	No
Do you smoke?	No, I've never smoked
Do you have any allergies?	No
Have you or anyone in your household had COVID in the last 1 month?	No
What's the best way to respond to this request?	Phone call