Ear Health Checklist

Name: D.O.B.:

Presenting Problem:

History

Pain	□ Yes	□ No	Dizziness	□ Yes	□ No
Deafness – (L) Ear / (R) Ear / both	□ Yes	□ No	Tinnitus	□ Yes	□ No
Previous ear or mastoid surgery	□ Yes	□ No	Discharge from ears	□ Yes	□ No
History of cleft palate	□ Yes	□ No	Diabetes	□ Yes	□ No
Any previous ear problems	□ Yes	□ No			

Examination

Pain on moving auricle	□ Yes	□ No
Discharge	□ Yes	□ No
Redness	□ Yes	□ No
Wax	□ Yes	□ No
Foreign bodies	□ Yes	□ No
Trauma of the ear canal	□ Yes	□ No
Tympanic membrane perforation	□ Yes	□ No
Scared/abnormal membrane	□ Yes	□ No
Fluid behind tympanic membrane	□ Yes	□ No

Wax Softening Agents

Has the patient used was softening agents? □ Yes □ No

If yes, how many days?

1 2 3 4 5

Any other Ear Health Issues:

Management plan

Continue wax softening drops	□ Yes	□ No	Refer to specialist	□ Yes	□ No
Irrigate	□ Yes	□ No	Suction	□ Yes	□ No

□ Left Ear □ Right Ear □ Both Ears

Device used:

Post procedure

Wax removed	□ Yes	□ No
Tympanic membrane visualised and intact	□ Yes	□ No
Post procedure information given	□ Yes	□ No
Follow up required	□ Yes	□ No

Details of follow up:

Comments: