



Otitis Media Examination Checklist

Name: _____

D.O.B.: _____

Presenting Problem: _____

Past History

- Previous ear or mastoid surgery Yes No
 History of cleft palate Yes No
 Family history of ear disease Yes No
 Any previous ear problems Yes No

Allergies Yes No

If Yes: _____

If Yes: _____

Present History

- Pain Yes No
 Hearing loss – (L) / (R) Ear / Both Yes No
 Speech/Language issues Yes No

Dizziness Yes No

Tinnitus Yes No

Discharge from ears Yes No

Examination

- Pain on moving auricle Yes No
 Redness/Lesions of pinna/Canal Yes No
 Trauma of the ear canal Yes No

Excessive Wax Yes No

Discharge Yes No

Otoscopy

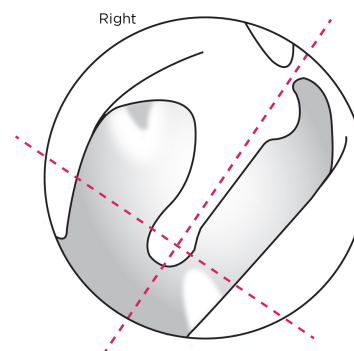
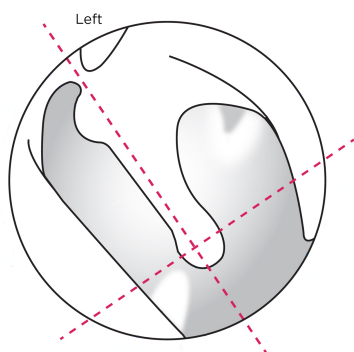
- Foreign bodies/lesions in canal Yes No
 Red tympanic membrane Yes No
 Bulging/cloudy tympanic membrane Yes No
 Scarring/deformity of tympanic membrane Yes No

Fluid in middle ear Yes No

Perforation Yes No

Otorrhoea (discharge) Yes No

Trauma of tympanic membrane Yes No



Provisional Diagnosis

- Acute Otitis media Yes No
 Suppurative Otitis media Yes No

Other Yes No

Otitis media with perforation Yes No

Comments/Plan: _____