

Date of Test: _____

Name: _____

DOB: _____ Age: _____

Referred By: _____

Reason: _____

Accompanied By: _____

Relationship: _____

Physician: _____

Name/Address _____

Tested By: _____
#: _____

NPI: _____

Lic. _____

Hearing Aid Info: Right Aid: _____

Left Aid: _____

Otoscopy: _____

Right Ear												
Frequency												
	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K	
-10												
0												
10												
20												
30												
40												
50												
60												
70												
80												
90												
100												
110												
M												

Left Ear												
Frequency												
	125	250	500	750	1K	1.5K	2K	3K	4K	6K	8K	
-10												
0												
10												
20												
30												
40												
50												
60												
70												
80												
90												
100												
110												
M												

	R	L	B	Masking	AC R	O	Comments/ Notes:
Pure Tone Average					AC L	X	
2 Freq. Avg.					BC R	<	
MCL					BC L	>	
UCL					Masked		
SRT					AC R	Δ	
Discrim. (PIPB) _____ dB					AC L	□	
_____ dB					BC R	[
90dB					BC L]	
Rollover (Y/N)					Masked Speech		
Tone Decay					<input type="checkbox"/>		
4KHz					Ipsilateral		
3KHz					Reflexes		
2KHz					I		
1KHz					Contralateral		
500Hz					Reflexes		
Tympanometry					R		
Reflexes Ipsilateral							
Contralateral	R	500Hz	1KHz	2KHz	4KHz		
Reflex Decay							
R	500Hz	1KHz	2KHz	4KHz			
Reflex Decay							
L	500Hz	1KHz	2KHz	4KHz			