Postal: PO Box 41096, Casuarina NT 0811 Australia
Location: John Mathews Building (Bldg 58)
Royal Darwin Hospital Campus, Rocklands Drv, Casuarina NT 0810
Ph: (08) 8946 8600 **Fax:** (08) 8946 8464
Website: menzies.edu.au
ABN: 70 413 542 847

Hearing for Learning Initiative
Ear observation form for Trainees

Trainee ID number: __ __ / __ __ __ / __ __ __ __ (Community/position or role/individual)

Date child seen__ __ / __ __ __ / 20 __ __ Time seen _____am/pm

First Name _____ Last name _____ Other name _____
Names will not be entered onto the database, writing the name here is for consultation with parents/carers only

Date of Birth __ __ / __ __ __ / __ __ __ __ (dd/mmm/yyyy) HRN _____

Patient history of Otitis Media: -

Ask parent or carer "has your child had …

3 or more ear problems in the past 6 months[3]	Yes	No	Not sure
4 or more ear problems the past year[4]	Yes	No	Not sure
Every day 'glue ear' for 3 months[5]	Yes	No	Not sure

Right ear

Outer Ear (visual observation)

Pain[7]	Yes	No
Swelling[8]	Yes	No
Redness[9]	Yes	No

Any 'yes' answer – refer to Doctor

Left ear

Outer Ear (visual observation)

Pain[7]	Yes	No
Swelling[8]	Yes	No
Redness[9]	Yes	No

Any 'yes' answer – refer to Doctor

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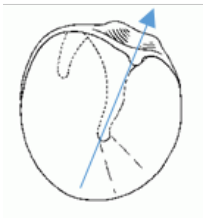
Right ear

Middle Ear Otoscopy
Can you see the eardrum? Yes No

Is there a perforation (hole)?[10] Yes No

If yes, refer to Doctor

If yes, draw in perforation (hole)



Right eardrum (malleus points up to the right)

Is the perforation (hole) wet (pus) or dry?[11]
Wet Dry

Size of perforation (hole) [12] – Look at pictures below and circle one
Small
Medium
Large
Subtotal

Ask parent/child "How long has this right ear been "runny" or had pus?"

Less than 2 weeks	More than 2 weeks	Many years, on and off	Not sure

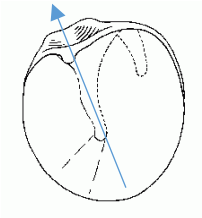
Left ear

Middle Ear Otoscopy
Can you see the eardrum? Yes No

Is there a perforation (hole)?[10] Yes No

If yes, refer to Doctor

If yes, draw in perforation (hole)



Left eardrum (malleus points up to the left)

Is the perforation (hole) wet (pus) or dry?[11]
☐ Wet ☐ Dry

Size of perforation (hole) [12] – Look at pictures below and circle one
Small
Medium
Large
Subtotal

Ask parent/child "How long has this left ear been "runny" or had pus?"

Less than 2 weeks	More than 2 weeks	Many years, on and off	Not sure

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Right ear

Otoscopy (tick appropriate box(s))[13]

Ear canal

Wax blockage	Yes	No
Pus/discharge	Yes	No
Foreign object	Yes	No
Ear canal red/swollen	Yes	No

If yes, refer to Doctor

Is there middle ear pain? Yes No

If yes, refer to Doctor

The ear drum appears

Normal Abnormal

If abnormal, refer to Doctor

If abnormal, the ear drum looks

Bulging	Yes	No
Dull (grey/white)	Yes	No
Red	Yes	No
Retracted	Yes	No
Grommet in ear drum	Yes	No
Grommet in canal	Yes	No

Anything else? Please state:

_____

Tympanometry

Is there a peak?	Yes	No
Is the peak in the box?	Yes	No

Is print-out of tympanometry results stapled to this form? Yes No

If no, why not? _____

Left ear

Otoscopy (tick appropriate box(s))[13]

Ear canal

Wax blockage	Yes	No
Pus/discharge	Yes	No
Foreign object	Yes	No
Ear canal red/swollen	Yes	No

If yes, refer to Doctor

Is there middle ear pain? Yes No

If yes, refer to Doctor

The ear drum appears

Normal Abnormal

If abnormal, refer to Doctor

If abnormal, the ear drum looks

Bulging	Yes	No
Dull (grey/white)	Yes	No
Red	Yes	No
Retracted	Yes	No
Grommet in ear drum	Yes	No
Grommet in canal	Yes	No

Anything else? Please state:

_____

Tympanometry

Is there a peak?	Yes	No
Is the peak in the box?	Yes	No

Is print-out of tympanometry results stapled to this form? Yes No

If no, why not? _____

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Hearing Screen

Ask **parent** or carer "Does your child have trouble hearing or talking?"[15] Yes No Not sure

Ask **child** "Do you have trouble hearing or talking?"[16] Yes No Not sure

---

Children less than 5 years old Childs's age _____

Manual behavioural screen

	Right ear	**Left ear**
Does this child react to sound?	Yes No Not sure	Yes No Not sure

---

Children older than 5 years - hearScreen Childs's age _____

hearScreen result overall
(circle correct one) Pass Fail (Refer to Doctor) Unable to complete

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SUMMARY

Ear Observation outcome[22]	☐ All Normal ☐ Abnormal - Referal to clinic required
Hearing Screening Outcome	☐ Overall pass ☐ Overall fail - Referal to clinic required

Patient refered to[23] _____ e.g., local Dr

By[24] (Ear Health Facilitator ID) __ __ / __ __ __ / __ __ __ __ (Community/position or role/individual)

Referral date[25] __ __ / __ __ __ / __ __ __ __ (dd/mmm/yyyy)

Signature _____

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