



# Conder Medical & Dental Centre

## Ear Health Checklist

Name: ..... Date of Birth: .....

Presenting Problem: .....

### History

Pain Yes  No

Deafness Yes  No

(L) Ear  (R) Ear  Both

Dizziness Yes  No

Tinnitus Yes  No

Discharge from Ears Yes  No

Previous Ear or Mastoid Surgery Yes  No

History of Cleft Palate Yes  No

Diabetes Yes  No

Any Previous Ear Problems Yes  No

Has the patient used wax-softening agents? Yes  No

If yes for how many days? 1 2 3 4 5

Any other Ear Health Issues: .....

### 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 (TM) Perforation Yes  No

Scarred/Abnormal TM Yes  No

Fluid behind TM Yes  No

TM Not Visualised Yes  No

### Management Plan

Continue wax softening drops  Refer to medical Specialist  Irrigate  Suction

Device used: (L) Ear  (R) Ear  Both Ears

(L) Ear  (R) Ear  Both Ears

Syringe  Phillips Gun Irrigator  Propulse  Disposable

### Post Procedure

Wax Removed: Yes  No

Tympanic Membrane Visualised and Intact: Yes  No

Follow up required: Yes  No

Post procedure information given: Yes  No

Comments: .....

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