Hearing Evaluation Report

Information required by the Ohio Department of Mental Retardation and Developmental Disabilities Choices In Community Living, Inc. 1651 Needmore Road Dayton, Ohio 45414 (937) 898-2220

Name:	· · · · · · · · · · · · · · · · · · ·	 	Date of exam: _				
Communication Ability With visual contact Without visual contact	<u>ty</u> Fair Fair	Good Good	Poor Poor				
With hearing aid Without hearing aid	Fair Fair	Good Good	Poor Poor				
Hearing Aid Informat Volume setting marked Battery life Battery size	<u></u>				Audiogi	'am	
Left Right			dB ISO -10				
	% of audible sp information	L	30		-		
	% of aided hear % of unaided he		Heating Even				
,			90 100 110 120				
Right = O	Left = X		125 2	750	1000 2000 1500 3 uency Hz	4000 8000 3000 6000	Audiogram AF12
Cerumen Management Re	commended:						
Next Appointment:							
Hearing Care Specialist S	ignature						
1	Address —						

Hearing Evaluation Report Information required by the Ohio Department of Mental Retardation and Developmental Disabilities		Sent to:	Date
	·		
This side to be cor	npleted by Choices' staff		
Name	_ Date of Exam:		
Medical History:	•		
Y N Is (s)he diabetic?	Y N Is there an indication of	dizziness?	•
Y N Is (s)he on a blood thinner?	Y N Is there a history of me	dical or	
Y N Is there visible congenital or traumatic deformity of the ear(s)?	surgical treatment of the Date: Description:	ne ear(s)?	
Y N Is there a history of sudden or rapidly progressive hearing loss in the last 90 days?	Y N Pain in the ear(s)?		
Y N Is there a history of active drainage from the ear(s) in the last 90 days?			
Hearing History Y N Is hearing loss present? If so, how long? Hearing Aid History and Care Y N Has (s)he worn hearing aids in the past? If so, how	,		
Y N If hearing aids would help, does (s)he want to wear	them?		
Choices In Community Living, Inc. Staff Summary:			

Staff Signature _