Iowa Department of Human Services

REPORT OF EXAMINATION FOR A HEARING AID

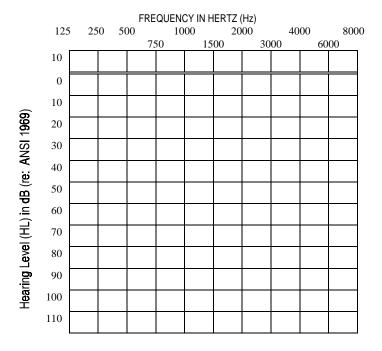
Before this person can obtain a hearing aid, all sections of this form must be completed. Section A indicates whether there are any reasons which would prohibit the use of a hearing aid. This section must be completed by a physician. Section B is required testing. This must be done by an audiologist or physician, who then indicates in Section C if a hearing aid evaluation may be appropriate for the recipient.

SECTION A. MEDICAL EVALUATION

Patient Name	Medicaid Number		Date of Birth			
Address	City		State	Zip		
Suspected cause of hearing loss:						
Result of otological examination: Right ear Left ear	☐ Normal ☐ Normal	Other Other				
Are there any findings that prohibit the use of	a hearing aid?					
☐ Yes ☐ No If yes, explain:						
Are there findings contraindicating the use of	an earmold in either or bot	h ears?				
☐ Yes ☐ No If yes, explain:						
Other findings: (Check any findings)						
1. Usible congenital or traumatic deformity of the ear.						
2. History of or active drainage from the	ear within previous 90 days.					
3. Sudden or rapid hearing loss with previous 90 days.						
4. Acute or chronic dizziness.						
5. Unilateral hearing loss of sudden or recent onset within previous 90 days.						
6. Pain or discomfort.						
7. Obstruction in the ear.						
Recommendation for further care: Otologist Audiologist for testing						
Signature of Physician Date						
Please print or type physician's name and address						

SECTION B. AUDIOLOGIC EVALUATION

Name of Tester	Name of Physician/Audiologist		
Street	City	State	Zip



SPEECH AUDIOMETRY (Re ANSI. 1969)								
	SRT	MASK	DISCRIMINATION					
			%	SL	HL	MASK	MCL	UCL
R								
L								
SF								
AID								
SDT/SR	SDT/SRT:				TAPE	LV		
DISCRII	M:				TAPE	LV		
LEGEND:		RIGHT	LEFT					
AIR CONDU	JCTION	0	Χ					
WITH MASH	KING	Δ						
BONE CON	DUCTION	<	>					
WITH MASH	KING	[]					
NO RESPO	NSE	×	K					

Remarks

If standard audiological procedures, including pure-tone audiometry and speech audiometry, are not appropriate for this patient, also attach additional comments.

SECTION C. RECOMMENDATIONS (To be completed by audiologist or physician after testing.)

	Hearing aid evaluation	on recommended		Significant air bone gap equal or greater than 15 dB at 500 Hz, 1000Hz or 2000Hz		
	No hearing aid evalu	nation recommended		as across the, recentle of 2000th		
	Other (explain)					
Date		Signature of Audiologist/Ph	nysician			