676670 G OPN 16Y 9 M
MUETHING ,THOMAS
164822942 #AU 10/28/1990
W10 M MYER, CHARLES M
08/22/07 513-489-9348

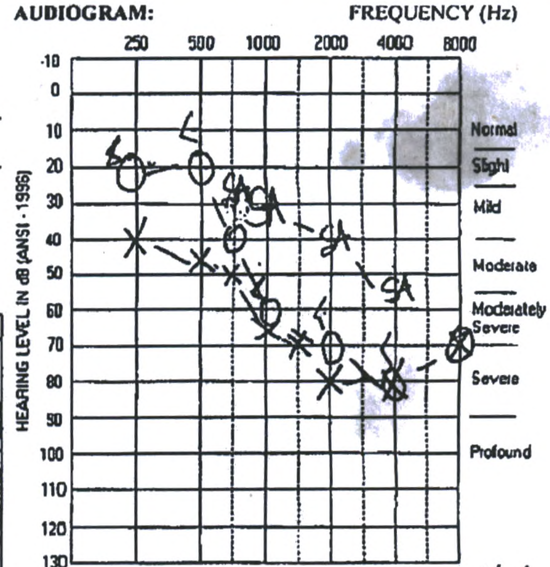
Cincinnati Children's Hospital Medical Center

Division of Audiology
(513) 636-4236

HEARING AID CHECK

Date of evaluation: 8/22/07
Etiology of hearing loss: CP, prematurity, low birth weight
Date of identification: 1/1/91 Age at identification: 1 yr
Age at amplification: _/_/_ School: Sycamore
Therapies:
FM system: Home________ School________
Patient/parent/guardian concerns:
•gave contact info for dissoc. for blind & visually impaired - will perform functional assessment

AUDIOGRAM:



unaided thresholds obtained 6/28/07

DESCRIPTION OF HEARING LOSS

RIGHT:	LEFT:
mild sloping to severe sensorineural	mild sloping to severe sensorineural

MIDDLE EAR STATUS

RIGHT:	LEFT:

SPEECH AUDIOMETRY (dBHL)

	SRT	SAT	WDS	# Items	Tool	SL	MCL	UCL
RIGHT	35		88	25	CIDW22	40		
LEFT	45		64	25	CIDW22	40		
SOUNDFIELD								
AIDED	S20		88	25	CIDW22	40		
AIDED								

SRT: Speech Reception Threshold
SAT: Speech Awareness Threshold
WDS: Word Discrimination Score
MCL: Most Comfortable Level
UCL: Uncomfortable Level
SL: Sensation Level

AUDIOGRAM LEGEND

dB = decibel Hz = Hertz

	Right	Left	Soundfield
Air: unmasked	O	X	S
Air: masked	Δ	□	
Mastoid Bone:			
Unmasked	<	>	
Masked	[	]	
Aided Soundfield			>
Narrow Band Noise			
No Response	↙	↘	↓

ELECTROACOUSTIC EVALUATION

	RIGHT	LEFT
Make/Model/Serial #	Tego (Oticon) 909232 (old 038925)	Tego (Oticon) 906081 (old 038927
Earmold/Earhook	#6 shell / std	#6 shell / std
FM System		
Probe Microphone: ☑ Simulated ☐ Real Ear	*decreased gain HF per pt. request* met DSL targets	met DSL targets
Summary		

RECOMMENDATIONS: 1) Hearing aid check 6-12 months or sooner if needed

Return to Audiology if problems arise or:

☑ Patient/parent/guardian expressed understanding of today's test results and recommendations. ☐ Education Checklist done
Copies to: ☐ Audiology ☐ Aural Rehab: ______ ☑ Otolaryngologist: Dr Myer
Ellen Owens Hamilton County Spec Ed

Audiologist Signature/Credentials Tricia Pauley, M.A. CCC-A Date 8-22-07

K1158

DTK1158

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AUDIOLOGIC EVALUATION

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ADDITIONAL INFORMATION:

Etiology of hearing loss:
Date of identification: Age at identification:
School Placement:
School Frequency Modulated (FM) system:

Referrals Made: ☐ Early Intervention ☐ Otolaryngologist
☐ Aural Rehabilitation:
☐ Speech/Language

HEARING AID INFORMATION:

If hearing aid fitting, date of hearing aid evaluation:

	Right	Left
Make:	Otcon →	
Model:	Tego →	
Style:	BTE →	
Serial#:	038923	038925
Settings:	Prog	prog
Volume Control:		
Earhook:	Std →	
Earmold:	#6 Shell →	

FM system:

Checks and verifications:

	Right	Left
Listening check:		
Electroacoustic check:		
Probe Microphone:		
Aided Sound field:		

EDUCATION:

☐ Care kit given ☐ Battery toxicity reviewed
☐ Education checklist ☐ Folder given

RECOMMENDATIONS:

☐ No audiologic recommendations
☐ Re-test hearing following treatment
☐ Re-test hearing
☐ Recommendations on page 3 ☐ Preferential seating at school
☐ Auditory brainstem response evaluation
☐ Otoacoustic emissions evaluation
☐ Central auditory processing evaluation
☐ Referral: ☐ Primary care physician
☐ Otolaryngology physician ☐ Hearing Impaired Clinic
☐ Aural rehabilitation evaluation
☐ Speech/language evaluation
☐ Hearing aid evaluation:
☐ Hearing aid fitting:
☒ Hearing aid check: 2-3 weeks - FM pkg/repair plu, REM; retest discrim
☐ Other:

OTOSCOPY

☐ Pass ☐ Refer:

IMMITTANCE MEASUREMENTS

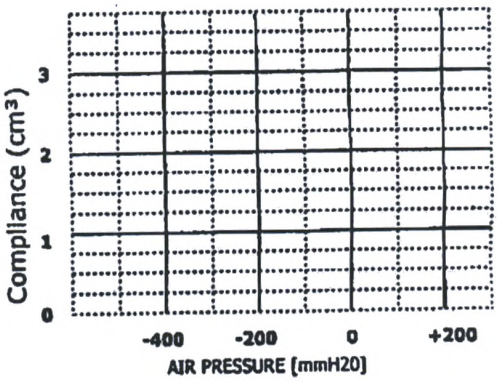
	Right	Left
Middle ear (ME) pressure		
Compliance maximum		
Compliance + 200		
Compliance ME		

SUMMARY:

Right: ☒ Left: ☒

☐ Normal ME pressure and compliance
☐ Negative ME pressure/normal compliance
☐ Reduced compliance ☐ Slight ☐ Dull ☐ Severe
☐ Hypercompliance
☐ Large cavity size (patent tube)
☐ Large cavity size (perforation)
☐ Could not test:

TYMPANOGRAM:



ACOUSTIC REFLEX TESTING:

Tone in	Probe in	Probe Hz	500 Hz	1000 Hz	2000 Hz	4000 Hz	Comments
R	R	226					
L	R	226					
L	L	226					
R	L	226					

☒ Patient/parent/guardian expressed understanding of today's test results and recommendations

Tricia Pauley, M.A. CCC-A
Audiologist Signature

Date: 6-28-07

Copies to: Ellen Owens

☒ Audiology File ☒ CCHMC Otolaryngologist: Dr Myer ☐ CCHMC Aural Rehabilitation:

D 1003
HIC 02/06

Cincinnati Children's Hospital Medical Center

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Name: M: Last:
Patient CCHMC#: D.O.B.:
Referred by: Hearing Aid Check
Equipment: OB822 Location: OPM
Tester: TP

ADDITIONAL HISTORY:
known bilateral sensorineural hearing loss; wears amplification @ school

SPEECH AUDIOMETRY:

☒ Speech Reception Threshold (SRT)
☒ Speech Awareness Threshold (SAT)

	dB	Mask	Word Discrimination Score %	Mask	# items	SL
Right dB:	35		88		25	40
Left dB:	45		64		25	40
Soundfield dB:						

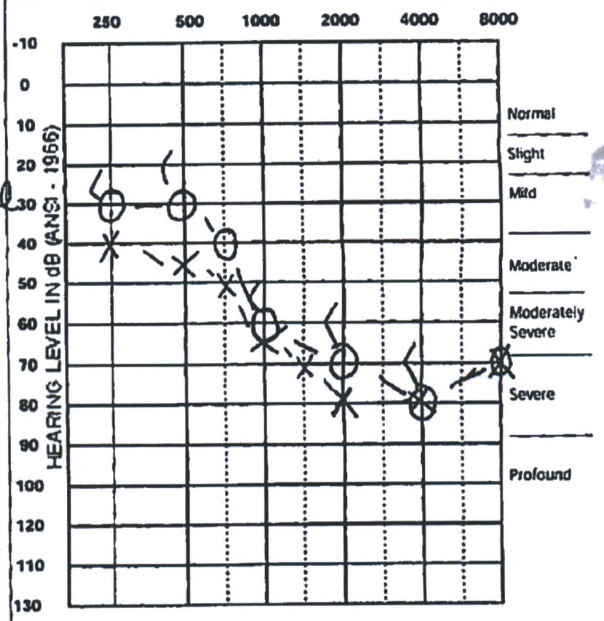
Most Comfortable Levels: Right: ____ dB Left: ____ dB
Uncomfortable Levels: Right: ____ dB Left: ____ dB

AUDIOMETRIC TEST PROCEDURES:

☒ Insert Earphone ☐ TDH Earphones
☐ Play Audiometry ☐ Hand Raising
☒ Response Button ☐ Localizations
☐ Behavioral observation

SAT: ☐ Localizations ☐ Rings ☐ Commands
SRT: ☐ Body Parts ☐ Pictures Spondees ☐ Spondees
Word Discrimination: ☐ Nu-Chips ☐ WIPI
☐ PB-K ☐ NU-6
☒ CID-W22
☒ Other

AUDIOGRAM:



RELIABILITY

☒ Excellent
☒ Good
☐ Fair
☐ Poor

Comments:

AUDIOGRAM LEGEND

dB = decibel	Hz = Hertz		
	Right	Left	Soundfield
Air: unmasked	O	X	S
Air: masked	△	□	
Mastoid Bone:			
Unmasked	<	>	
Masked	[	]	
Aided Soundfield			SA
Narrow Band Noise			NB
No response	↙	↘	

SUMMARY OF SPEECH RESULTS:

☐ Soundfield (SF) (SRT)/SAT

SF		Right	Left
☐	Within normal limits	☐	☐
☐	Elevated but agree with tone thresholds	☐	☐
☐	Better than expected for tone thresholds	☐	☐
☐	Worse than expected for tone thresholds	☐	☐

Word Discrimination	Right	Left
Excellent	☐	☐
Good	☒	☐
Fair	☐	☐
Poor	☐	☒

SUMMARY OF AUDIOMETRIC RESULTS:

Right	EAR SPECIFIC	Left
☐	NORMAL	☐
☒	ABNORMAL	☒
mild/severe	Degree of Loss	mild/severe
sensorineural	Type of Loss	sensorineural

SOUNDFIELD:

☐ Normal responses in the better hearing ear
☐ Elevated responses for the patient's age in the better ear
☐ Bone conduction testing suggests a conductive component in at least one ear
☐ Other: ____

Last Exam: 8-23-05

CHANGE IN HEARING? ☒ (If checked please elaborate below)

↓ 250 & 500 Hz (L)

Date of Evaluation: 6-28-07

D1003
HIC 02/06

DTD1003