

Hearing Screening

Client: _____ DOB: _____ Age: _____ Date of Screening: _____

Address (or Facility): _____ Phone: _____

Health Status at Time of Testing:

☐ No problem

☐ Head cold

☐ Hay fever/Sinus/Allergies

☐ Earache

☐ Ear infection

☐ Tubes

☐ Other: _____

Is the client: wearing amplification? ☐ Yes ☐ No
 currently seeing a physician for ear problems? ☐ Yes ☐ No
 presently enrolled in aural rehab? ☐ Yes ☐ No

Pure Tone Audiometry

Intensity: ☐ 20 dB
 ☐ 25 dB due to noisy surroundings

Response	LEFT EAR	No Response
	1000 Hz	
	2000 Hz	
	4000 Hz	

Response	RIGHT EAR	No Response
	1000 Hz	
	2000 Hz	
	4000 Hz	

Comments:

Student Clinician

Clinical Supervisor