

Name: _____

Age: _____ Sex: _____

Job Description: _____

AUDIOGRAM

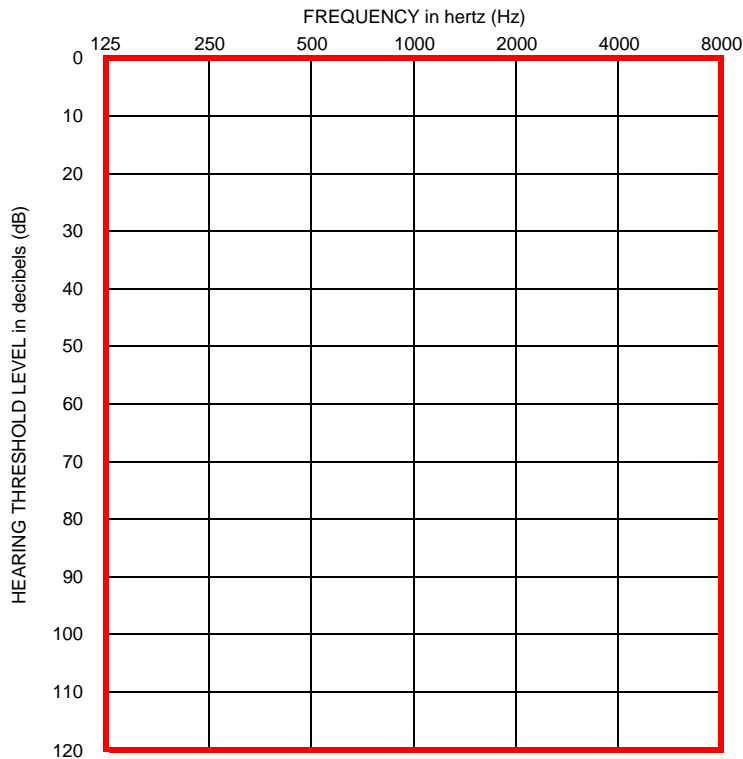
*Audiometer: _____

*Date of Examination: _____

*Calibration: ANSI 1969 ISO 1964
 Other: _____

(day / month / year)

***AIR CONDUCTION & *BONE CONDUCTION**



| *IMPEDANCE TYMPANOMETRY | | | | |
|-------------------------|------------|------------|----------|------------|
| Ear | Canal Vol. | Peak Comp. | Gradient | Pres. Peak |
| RIGHT | | | | |
| LEFT | | | | |

| *REFLEXOMETRY | | | | | |
|-----------------------|------|-----|------|------|------|
| Side Equals Probe Ear | | | | | |
| | Stim | 500 | 1000 | 2000 | 4000 |
| RIGHT | | | | | |
| Ipsi | | | | | |
| Contra | | | | | |
| LEFT | | | | | |
| Ipsi | | | | | |
| Contra | | | | | |

| PURE TONE AVERAGE (500-1000-2000 Hz) | | |
|---|-----|------|
| Ear | Air | Bone |
| RIGHT | | |
| LEFT | | |

| KEY TO SYMBOLS | | | | |
|----------------|-----|------------|------|-------------|
| Ear | Air | Air-masked | Bone | Bone-masked |
| RIGHT (red) | O | △ | < | [|
| LEFT (blue) | X | □ | > |] |
| No Response | | | NR | |

| TYPE OF HEARING LOSS (Check one for each ear with an "X") | | | | |
|--|----------------|------------|-------|------------------|
| Ear | Sensori-neural | Conductive | Mixed | Cochlear Implant |
| RIGHT | | | | |
| LEFT | | | | |

| CLINICAL USE ONLY | |
|-------------------|-------|
| ID: | _____ |
| Data Entered By: | _____ |
| Audiologist: | _____ |
| Signature | |

COMMENTS: _____