



2/2005

### House of New Hope

House of New Hope 8135 Mt. Vernon Rd. St. Louisville, Ohio 43071

Tel: (888) 200-1296 Fax: (740) 745-3429

## Hearing Examination

*(Hearing Examination is required every 2 years or earlier if needed)*

Date of Exam \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Canals: Normal \_\_\_\_\_ Red \_\_\_\_\_

TM's: Normal \_\_\_\_\_ Red \_\_\_\_\_

Cerumen Obstructed: RT \_\_\_\_\_ LT \_\_\_\_\_ Bulging \_\_\_\_\_ Retracted \_\_\_\_\_

Hearing: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Findings and  
Recommendations:

Follow-Up Visit Date: \_\_\_\_\_

**Print or Type**

Doctor's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Doctor's Signature/Date: \_\_\_\_\_