

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

GP Name and Surgery: \_\_\_\_\_

What are your current ear symptoms, if any? \_\_\_\_\_

Have you ever had your ears Microsuctioned before? Yes  No

If so, did you have any problems? Yes  No

Do you have dizziness or a history of severe dizziness? Yes  No

Do you have a major sensitivity to loud noise (hyperacusis)? Yes  No

Do you have tinnitus? Yes  No

Are you able to keep your head still without any involuntary movements? Yes  No

Have you ever perforated your eardrum? Yes  No

Do you have any significant medication conditions? Yes  No

If so, please list: \_\_\_\_\_

Do you take any regular medications? Yes  No

If so, please list: \_\_\_\_\_

Do you have any allergies? Yes  No

Microsuction is the safest method for wax removal and considered to be the 'Gold Standard' for this procedure. Nonetheless, there is a small and theoretical risk that the procedure may cause damage to the ear drum or bruising to ear canal, which may increase the risk of infection. The suction machine may be noisy, which has the potential to induce further tinnitus, however this is usually only for a short time.

I have read and understood the above information and been given the opportunity to ask questions. I have read and agreed to the COVID-19 policy. I understand that microsuction is not guaranteed to result in better hearing or improvement of symptoms. I give consent for my information, including medical imaging where appropriate, to be shared with relevant medical personnel if required i.e. GP referral.

I acknowledge that this is a private service for which fees are applicable and agree to pay in full on completion of assessment or treatment.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Would you like to sign up to our e-mail newsletter?

Yes  No



## Initial Otoscopy

LEFT Ear		RIGHT Ear	
Pinna		Pinna	
Wax Present?		Wax Present?	
Blocked?	%	Blocked?	%
Colour/Consistency		Colour/Consistency	
Impacted?		Impacted?	
Signs of infection?		Signs of infection?	
Other notes		Other Notes	

## Microsuction Procedure

LEFT Ear		RIGHT Ear	
Wax removal	Microsuction Manual Both	Wax removal	Microsuction Manual Both
Specula size		Specula size	
Ear Dry Mopped		Ear Dry Mopped	
Additional Notes		Additional Notes	
Sterile Zöllner/Disposables used			

## Post Microsuction Otoscopy

LEFT Ear		RIGHT Ear	
Hearing Restored?		Hearing Restored?	
TM Intact		TM Intact	
Landmarks Seen	LP HOM UM COL	Landmarks Seen	LP HOM UM COL
Pars Flaccida Visualised?	Some Most All	Pars Flaccida Visualised?	Some Most All
Pars Tensa Visualised?	Some Most All	Pars Tensa Visualised?	Some Most All
Additional Notes		Additional Notes	

Key: TM:Tympanic Membrane LP:Lateral Process HOM:Handle of Malleous UM:Umbo COL:Cone of Light

Medical Imaging;  
Referral Needed?  
Post Procedure Advice;

None  Pre  Post   
Yes  No   
Leaflet  Electronic

Clinician: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_