

# PATIENT ASSESSMENT RECORD



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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Have you 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 medical 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 ☐

Both microsuction and water irrigation are recommended by the National Institute for Health and Care Excellence (NICE) for earwax removal. However, there is a small, theoretical risk of damage to the eardrum or bruising in the ear canal, which could increase the risk of infection. The suction machine may also be noisy, potentially worsening tinnitus temporarily.

I understand that this procedure is not guaranteed to improve hearing or symptoms. I consent to the sharing of my medical information, including imaging if necessary, with relevant medical personnel (e.g., GP referral). I confirm my consent to microsuction/irrigation and the use of necessary instruments for wax removal. I acknowledge this is a private service with applicable fees and agree to full payment upon completion. I accept the terms and conditions and understand my personal information will be stored

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

Date: \_\_\_\_\_

Would you like to sign up to our email newsletter? Yes ☐ No ☐

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## Initial Examination

	Left Ear	Right Ear
Pinna		
Wax Present?		
Blocked?		
Colour/consistency?		
Impacted?		
Signs of infection?		
Other notes		

Treatment carried out: Microscopy, microsuction/irrigation, and/or instrumental wax removal.

## Post Procedure Examination

	Left Ear				Right Ear			
Hearing restored?								
TM Intact?								
Landmarks Seen	LP	HOM	UM	COL	LP	HOM	UM	COL
Pars Flaccida Visualised	Some		Most	All	Some		Most	All
Pars Tensa Visualised	Some		Most	All	Some		Most	All
Additional Notes								

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

Medical Imaging:

None ☐ Pre ☐ Post ☐

Referral needed?

Yes ☐ No ☐

Post-procedural advice:

Leaflet ☐ Electronic ☐

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

Date: \_\_\_\_\_