

Patient name	Date of assessment (dd/mmm/yyyy)
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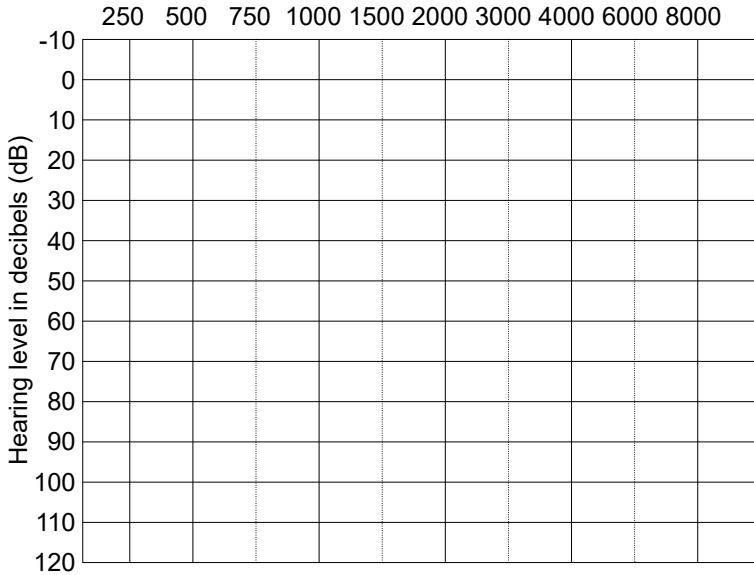
Audiometry

Please complete both graphs and written thresholds.

Please see instructions for completing this section on page 4. Any additional comments can be placed in the audiometry comments box on page 3.

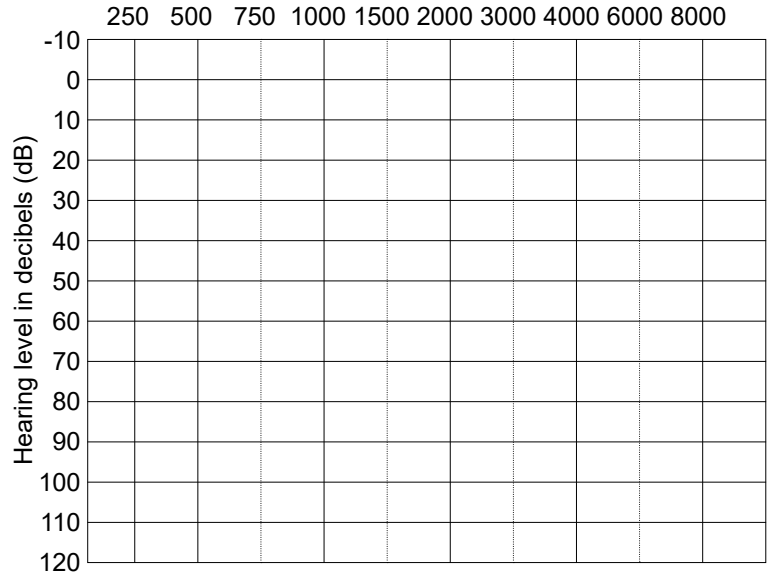
Right ear

Frequency in hertz (Hz)



Left ear

Frequency in hertz (Hz)



Right ear				Test done using: Inserts Headphones Test with: Pure tone Warble tone Pulsed tone Speech tested with: Live voice Recorded voice Reliability: Good Fair Poor	Left ear			
Thresholds (masked, if applicable)					Thresholds (masked, if applicable)			
AC: 250 _____ 500 _____ 750 _____ 1000 _____ 1500 _____ 2000 _____ 3000 _____ 4000 _____ 6000 _____ 8000 _____					AC: 250 _____ 500 _____ 750 _____ 1000 _____ 1500 _____ 2000 _____ 3000 _____ 4000 _____ 6000 _____ 8000 _____			
BC: 250 _____ 500 _____ 1000 _____ 2000 _____ 3000 _____ 4000 _____					BC: 250 _____ 500 _____ 1000 _____ 2000 _____ 3000 _____ 4000 _____			
Speech	Word recognition score (number of times as needed)				Speech	Word recognition score (number of times as needed)		
SRT (dB)	Score (%)	Level (dB)	Masking		SRT (dB)	Score (%)	Level (dB)	Masking
	1.	1.	1.			1.	1.	1.
SAT (dB)	2.	2.	2.		SAT (dB)	2.	2.	2.
	3.	3.	3.			3.	3.	3.
MCL (dB)		UCL (dB)			MCL (dB)		UCL (dB)	

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Audiometry (continued)

Otoscopic examination	Tympanometry				Legend	Right	Left
Right:	Ear	PP (daPa)	SC (cc)	ECV (cc)	Air unmasked	0	x
C PB B	Right				Air masked	□	Δ
Left:	Left				Bone unmasked	<	>
C PB B	Right: CNS		Left: CNS		Bone masked	[]
					No response	↘	↙
					SRT	Speech Recognition Threshold	
					SAT	Speech Awareness Threshold	
					MCL	Most Comfortable Level	
					UCL	Uncomfortable Level	
					CNT	Could Not Test	
					DNT	Did Not Test	
					CNS	Could Not Seal	
					CNM	Could Not Mask	
					PP	Peak Pressure	
					SC	Static Compliance	
					ECV	Ear Canal Volume	
					PB	Partially Blocked	
					B	Blocked	
					C	Clear	

Acoustic reflexes				
	Probe right		Probe left	
	IPSI right	Contra left	IPSI left	Contra right
500 Hz				
1000 Hz				
2000 Hz				

Audiometry comments (please provide any additional audiometry comments/details from any testing)

Credentials Audiologist Hearing instrument specialist	Registration number
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Name

Signature (print, sign and return to the WSIB or type and submit)	Date (dd/mmm/yyyy)
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Hearing assessment instructions

When the WSIB requires a hearing assessment (i.e., initial assessment or early replacement), it must be conducted in a way that meets the practice standards of the applicable regulatory college or professional association, using properly calibrated and appropriate equipment and resources.

The hearing professional will determine an effective hearing assessment that will address the patient's concerns, and generate accurate and reliable results while minimizing patient risk. The hearing assessment will consist of a combination of selected procedures and techniques, but in general, should include the following:

1. Type of hearing assessment

Definition of a subsequent test: a hearing test between year two and four, or due to a patient advising of a possible change/deterioration in their hearing.

2. Medical case history

- a. Reason for the hearing assessment
- b. Medical (including chronic conditions) or surgical history (including medications) related to hearing and auditory function
- c. Symptoms - onset and development over time, and the patient's own perceptions of their hearing status or hearing-related problem
- d. Impacts of hearing loss (i.e., impacts on functional communication and activities of daily living)
- e. Information on previous hearing assessments, audiograms, and treatments
- f. Any other relevant medical history such as previous hearing loss and length of time

Provide additional medical case history in box on page one.

3. Audiometry (both graphs and written thresholds on page 2 must be completed)

- a. Air conduction: include thresholds for both ears for octave frequencies including 250 Hz, 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz, 8000 Hz (inter-octave 3000 Hz must be completed). Other inter-octave frequencies 750 Hz, 1500 Hz, 6000 Hz to be completed when there is a 20 dB difference from octave to octave.

Bone conduction: include thresholds for both ears for octave frequencies including 250 Hz, 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz (inter-octave 3000 Hz must be completed)

Masking included as needed.

- b. Additional testing (e.g., otoacoustic emissions, auditory evoked potentials) if requested
- c. Speech audiometry word recognition testing
 - i. Speech recognition threshold
 - ii. Word recognition scores using a standard 25-word list with recorded/live material
 - iii. Speech in noise scores can be added to the audiometry comment box on page 3.

Attach any previous audiograms with dates.

4. Otoscope examination, tympanometry, acoustic reflexes
5. Impedance and acoustic reflex testing (typically for initial testing or early replacement)
6. Medical referral as appropriate, if not previously diagnosed, such as:
 - a. Single-sided hearing loss
 - b. Significant asymmetrical hearing loss
 - c. Conductive component

Provide additional information, referrals and diagnostic tests conducted or recommended in the audiometry comments box on page 3.

*The name, signature, and qualifications of the individual who performed the audiometric testing must be clearly indicated on the form. The clinic must confirm that the individual is in good standing with their regulatory college or professional association.

For every hearing aid dispensed, the clinic must ensure there is a valid prescription on file (i.e., signed by an audiologist or physician), and must provide the prescription to the WSIB upon request.