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Health care provider information	
Clinic name	Clinic address
Provider number	Clinic phone number

Patient information		
Last name	First name	Initial
Date of birth (dd/mmm/yyyy)	Hearing test date (dd/mmm/yyyy)	

Type of hearing assessment
Type of hearing assessment: Initial Replacement request Subsequent test
Please provide the years for ALL audiogram tests in this patient's claim file:
Reason for subsequent test:

Medical case history							
Hearing loss was:	Sudden	Gradual	Ear surgery:	Yes	No	Right	Left
Middle ear disease:	Yes	No	Familial history:	Yes	No		
Tinnitus:	Right	Left	No	Intermittent	Constant	Dizziness:	Yes No
Chronic condition:	Yes	No	(If yes, please list conditions in the medical case history information box below.)				

Medical case history information (please see instructions on page 4 for medical case history completion)

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

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3275A (02/23)

Page 1 of 4

Patient name

Date of assessment (dd/mm/yyyy)

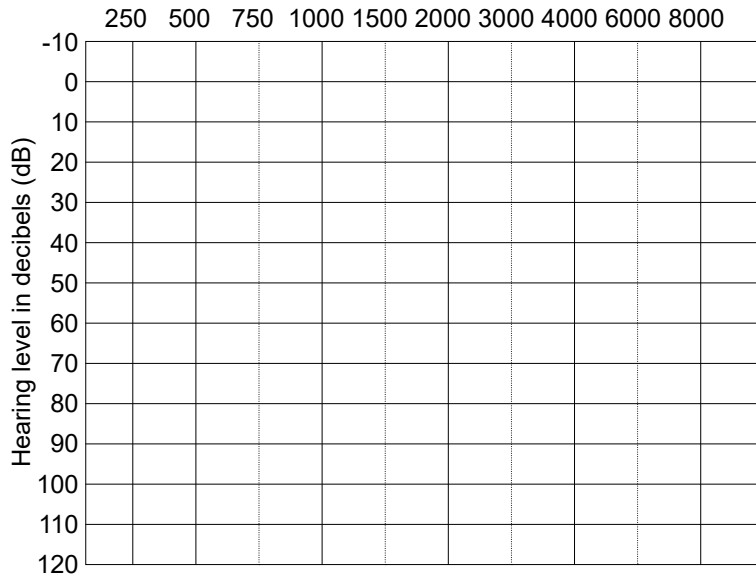
Audiometry

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.

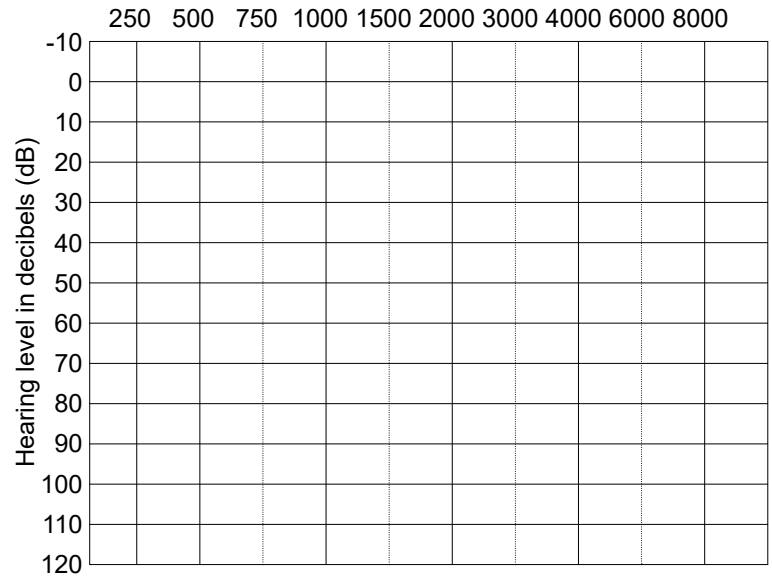
Right ear

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)		

Patient name

Date of assessment (dd/mm/yyyy)

Audiometry (continued)

Otoscopic examination		Tympanometry				Legend	Right	Left
						Ear	PP (daPa)	SC (cc)
Right:		Right				Air unmasked	0	x
C	PB					Air masked	Δ	□
	B					Bone unmasked	<	>
Left:		Left				Bone masked	[]
C	PB					No response	↘	↙
	B					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

Name

Signature (print, sign and return to the WSIB or type and submit)

Date (dd/mm/yyyy)

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. Otoscopic 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.