

## 1 Patient Information

### 1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type: Hearing Loss Evaluation	_____	Affected Ear / Laterality:	_____
Referral Source:	_____		_____

## CC Chief Complaint

### 2 PRIMARY HEARING-RELATED CONCERN

Primary hearing concern in patient's own words — laterality, duration, sudden vs gradual, fluctuating, or progressive...

## S Subjective

### 3 PATIENT-REPORTED HEARING SYMPTOMS, RISK FACTORS & PRIOR EVALUATION

#### 3a ONSET & COURSE

When hearing loss began, progression, sudden vs gradual, fluctuation, recurrence, stability...

#### 3b LATERALITY & PATTERN

Laterality (R / L / bilateral / asymmetric): \_\_\_\_\_ Difficulty in noise / speech discrimination: \_\_\_\_\_

#### 3c ASSOCIATED EAR SYMPTOMS

Tinnitus, aural fullness, otalgia, otorrhea, vertigo, imbalance, ear pressure, autophony, popping...

#### 3d NOISE / TRAUMA EXPOSURE

Occupational or recreational noise exposure, acoustic trauma, barotrauma, head trauma, blast exposure...

#### 3e INFECTION / MEDICAL HISTORY

Otitis media, ear surgery, TM perforation, cholesteatoma, meningitis, autoimmune disease, diabetes, vascular disease, neurologic conditions...

#### 3f MEDICATION / OTOTOXIC EXPOSURE

Aminoglycosides, chemotherapy, loop diuretics, high-dose salicylates, or other ototoxic agents...

#### 3g FUNCTIONAL IMPACT

Communication, work, school, social interaction, phone use, safety, and quality of life...

#### 3h PRIOR EVALUATION & TREATMENT

Prior audiograms, hearing aids, ear tubes, imaging, medications, surgery, or specialist evaluation...

**3i PERTINENT NEGATIVES**

Denial of sudden SNHL, severe vertigo, facial weakness, neurologic deficit, severe otalgia, mastoid swelling, fever, or persistent otorrhea...

**ROS ENT Review of Systems**

**4 PERTINENT POSITIVES & NEGATIVES**

- Hearing loss
- Aural fullness / ear pressure
- Otorrhea
- Noise exposure or trauma
- Neurologic symptoms
- Tinnitus
- Ootalgia
- Dizziness / vertigo / imbalance
- Facial weakness or numbness
- Fever or infection symptoms

**O Objective**

**5 MEASURABLE & OBSERVED OTOLOGIC FINDINGS**

**V VITAL SIGNS**

Temperature: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
 Heart Rate: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_  
 Oxygen Saturation: \_\_\_\_\_ Height / Weight: \_\_\_\_\_  
 Pain Score: \_\_\_\_\_

**5a GENERAL APPEARANCE**

Appearance, distress, communication, hearing aids or assistive devices...

**5b HEAD / FACE**

Facial symmetry, trauma, scars, swelling, facial nerve function...

**5c EAR EXAM**

External ears, mastoid tenderness, canal, cerumen, masses/FB. TM — erythema, bulging, effusion, perforation, retraction, tympanosclerosis, cholesteatoma concern, mobility...

**5d NASAL / ORAL / NECK EXAM**

Nasal Exam: \_\_\_\_\_ Oral Cavity / Oropharynx: \_\_\_\_\_  
 Neck: \_\_\_\_\_

**5e NEUROLOGICAL**

Cranial nerves, facial nerve function, gait, balance, nystagmus, or focal neurologic findings...

**PP Procedures Performed**

**6 OTOLOGIC / ENT PROCEDURES THIS VISIT**

Procedure name, indication, technique, location, laterality, instruments, findings, tolerance, complications. Examples: cerumen removal, ear microscopy, tympanometry, tuning fork testing, foreign body removal, myringotomy, nasal endoscopy...

## L Audiology / Diagnostic Results

### 7 HEARING-SPECIFIC DATA

#### 7a AUDIOGRAM

Type of hearing loss: \_\_\_\_\_ Degree / Laterality: \_\_\_\_\_  
Air-bone gap: \_\_\_\_\_ Speech Reception Threshold (SRT): \_\_\_\_\_  
Word Recognition Score (WRS): \_\_\_\_\_ Asymmetry: \_\_\_\_\_

#### 7b TYMPANOMETRY

Type (A/B/C): \_\_\_\_\_ Middle ear pressure / compliance / effusion: \_\_\_\_\_

#### 7c TUNING FORK TESTING (IF PERFORMED)

Weber: \_\_\_\_\_ Rinne (R/L): \_\_\_\_\_

#### 7d IMAGING & LABORATORY STUDIES

MRI IAC / CT Temporal Bone: \_\_\_\_\_ Autoimmune / infectious / metabolic labs: \_\_\_\_\_

#### 7e PRIOR RECORDS REVIEWED

Prior audiograms, operative reports, hearing aid evaluations, outside ENT/audiology records...

## A Assessment

### 8 HEARING LOSS CLINICAL INTERPRETATION

Primary diagnosis: CHL, SNHL, mixed, sudden SNHL, presbycusis, noise-induced HL, ETD, otitis media with effusion, cerumen impaction, or asymmetrical HL. Laterality, severity, chronicity, progression. Relationship to exam, audiology, tympanometry, imaging, or risk factors. Urgency if sudden SNHL. Amplification, medical, procedure, imaging, or referral needs...

## P Plan

### 9 HEARING LOSS MANAGEMENT

#### 9a DIAGNOSTICS & TESTING

Audiogram, tympanometry, vestibular testing, MRI IAC, CT temporal bone, labs, or repeat testing ordered...

#### 9b MEDICAL TREATMENT

Steroids, otic drops, antibiotics, allergy/rhinitis treatment, ETD management...

#### 9c PROCEDURES & HEARING REHABILITATION

Cerumen removal, ear microscopy, myringotomy. Hearing aids, ALDs, cochlear implant evaluation, communication strategies...

#### 9d PATIENT EDUCATION & REFERRALS

Hearing protection, urgent symptoms, medication adherence, follow-up timing. Referrals to audiology, neurology, etc...

## F Follow-Up

### 10 REASSESSMENT PLAN

Follow-up timeframe and purpose: \_\_\_\_\_

Repeat audiogram, treatment response, imaging review, hearing aid evaluation, or urgent reassessment...

**TIME DOCUMENTATION & BILLING**

Total Time: \_\_\_\_\_ Counseling / Coordination Time: \_\_\_\_\_ E/M Level: \_\_\_\_\_ Procedure Code(s): \_\_\_\_\_

Basis for Billing: \_\_\_\_\_ Primary ICD-10 Code: \_\_\_\_\_

Secondary ICD-10 Code(s): \_\_\_\_\_

PHYSICIAN NAME, MD

SPECIALTY: OTOLARYNGOLOGY / HEAD AND  
NECK SURGERY

DATE

TIME

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