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|  | | | | | | | Texas Workforce Commission  Vocational Rehabilitation Services  **Hearing Evaluation Report**  **Audiometric Examination** | | | | | | | | | | | | |
| **Instructions** | | | | | | | | | | | | | | | | | | | |
| To be completed by the audiologist, hearing aid specialist, or medical doctor’s staff.   Please complete all of the form and attach the audiogram. All fields must be completed except where indicated as optional. | | | | | | | | | | | | | | | | | | | |
| **Participant/Customer Information** | | | | | | | | | | | | | | | | | | | |
| Customer Name: | | | | | | | | | Case ID: | | | | | | | | | | |
| Phone: | | | | | | | | | Date of birth: | | | | | | | | | | |
| **Audiometric Examination Report** | | | | | | | | | | | | | | | | | | | |
| The information requested is necessary to help counselors determine eligibility and/or a plan for rehabilitation services for the person named.   This section is to be completed by the audiologist, hearing aid specialist, or medical doctor's staff. | | | | | | | | | | | | | | | | | | | |
| Return report to (name): | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | City: | | | | | | | | State: | | ZIP code: | | | |
| Examiner's name: | | | | | | | | Date: | | | | | | | | | | | |
| Audiometer manufacturer: | | Audiometer serial number: | | | | | | | | | | Calibration date: | | | | | | | |
| **Audiometric Results** | | | | | | | | | | | | | | | | | | | |
| **Degree of hearing loss,** check all that apply | | | | | | | | | | | | | | **Right** | | | | **Left** | |
| Normal | | | | | | | | | | | | | |  | | | |  | |
| Mild | | | | | | | | | | | | | |  | | | |  | |
| Moderate | | | | | | | | | | | | | |  | | | |  | |
| Severe | | | | | | | | | | | | | |  | | | |  | |
| Profound | | | | | | | | | | | | | |  | | | |  | |
| **Type of hearing loss,** check all that apply | | | | | | | | | | | | | | **Right** | | | | **Left** | |
| Sensorineural | | | | | | | | | | | | | |  | | | |  | |
| Mixed | | | | | | | | | | | | | |  | | | |  | |
| Conductive | | | | | | | | | | | | | |  | | | |  | |
| **Pure tone average (PTA)** | | | **Right** | **Left** | | | | | |  | | | | | | | | | |
| PTA at 500, 1k, and 2k | | |  |  | | | | | | **Most Comfortable Level MCL** | | | | | | | | | |
| Note: PTA cannot determine hearing aid need | | | | | | | | | | | | | | | | | | | |
| **Speech Testing Data (unaided)** | | | | | | | | | | | **% Right** | | **% Left** | | | | **% Both** | | |
| Presented at Conversational level (55-65 dB HL) in Quiet | | | | | | | | | | |  | |  | | | |  | | |
| Presented at Conversational level (55-65 dB HL) in Noise | | | | | | | | | | |  | |  | | | |  | | |
| Binaural Testing in Sound Field - optional | | | | | | | | | | |  | |  | | | |  | | |
| **Does hearing loss impact the customer’s ability to hear unaided conversational speech without amplification?**  **Yes**  **No** | | | | | | | | | | | | | | | | | | | |
| **Tympanometry** | | | | | | | | | | | | | | | | | | | |
| **Type** | **Description** | | | | | | | | | | | | | **Right** | | | | | **Left** |
| Type A | Normal eardrum mobility and pressure | | | | | | | | | | | | |  | | | | |  |
| Type C | Normal eardrum mobility with negative pressure | | | | | | | | | | | | |  | | | | |  |
| Type B | Normal volume, no eardrum mobility/perforated eardrum | | | | | | | | | | | | |  | | | | |  |
| Type AS | Stiff middle ear system | | | | | | | | | | | | |  | | | | |  |
| Type AD | Increased compliance | | | | | | | | | | | | |  | | | | |  |
| Audiological analysis: Describe limitations and impact of customer’s hearing loss in social, educational, and employment environments. Elaborate as needed. | | | | | | | | | | | | | | | | | | | |
| Recommendations for further communication rehabilitation: | | | | | | | | | | | | | | | | | | | |
| Type or print examiner’s name: | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | City: | | | | | | | | | | State: | | ZIP code: | | |
| Telephone number:  (   ) | | | | | | | | Examination date: | | | | | | | | | | | |
| Examiner’s signature:  **X** | | | | | | | | | | | | | | | | | | | |
| All information is to be treated as confidential.  Examinee has the legal right to see this report when the examinee requests. | | | | | | | | | | | | | | | | | | | |