

Name _____

Date of accident _____

MRN _____

Time to evaluation (hours) _____

Date of Birth _____

MVA Information

1. Speed (mph) _____
2. Airbag deployed: Yes _____ No _____
If yes (indicate number): Driver side _____ Passenger _____ Side airbag _____
3. Location in vehicle: Driver _____ Passenger: Front-seat _____ Rear seat _____
Restrained _____ Unrestrained _____
4. Any other passengers in the vehicle (names, contact numbers): _____
5. Windows (indicate number): Open _____ Closed _____
Convertible _____ Moonroof _____
6. Type of vehicle (make, model, year): _____
7. Loss of consciousness: Yes _____ No _____
8. Do you give permission to have your vehicle examined by the manufacturer?

Signature _____

Otologic Complaints (check all that apply)

1. Change in hearing Left _____ Right _____ No _____
2. Tinnitus Left _____ Right _____ No _____
3. Vertigo Yes _____ No _____
4. Additional injuries (maxillofacial, head injury, skull base, etc). Please list:

Otologic History

1. Previous audiograms (hearing tests)
2. Hearing loss Left _____ Right _____ No _____
3. Tinnitus Left _____ Right _____ No _____
4. Vertigo Yes _____ No _____
5. Ear trauma Left _____ Right _____ No _____
6. Ear surgery Left _____ Right _____ No _____
7. Frequent ear infections Yes _____ No _____
8. Significant noise exposure
Occupational (industrial noise, firearms, etc.): Yes _____ No _____
Recreational (loud music/concerts, etc) Yes _____ No _____
9. Ototoxic drug use (aminoglycosides, high dose aspirin, diuretics): Yes _____ No _____

Acoustic Trauma Physical Examination

Name: _____

MRN: _____

Age: _____

Date of accident: _____

Time to evaluation (hours) _____

External ear (auricle, post-auricular):

Normal: _____

Other (list – lacerations, ecchymosis, ect):

External auditory canal:

Normal: _____

Other (if cerumen present, indicate if TM visible):

Middle ear:

Normal: _____

Other (fluid, hemotympanum, TM perforation):

Tuning fork exam:

Weber _____

Rinne _____