

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 \_\_\_\_\_