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Ear Disease Examination
Comprehensive Worksheet

Name: _____ SSN: _____

Date of Exam: _____ C-number: _____

Place of Exam: _____

A. Review of Medical Records:

Indicate whether the C-file was reviewed.

B. Medical History (Subjective Complaints):

1. Date of onset of condition and circumstances and initial manifestations of the disease or injury.
2. Course since onset.
3. Current treatment, response to treatment, and any side effects.
4. History of related hospitalizations or surgery, dates and location, if known, reason or type of surgery.
5. History of trauma to the ear, with date, type of injury, and cause.
6. Report any of the following symptoms that are present and provide additional information as requested:
 - a. Tinnitus, and state whether constant or recurrent.
 - b. Hearing loss, and state whether or not it is constant. If not, state frequency and duration.
 - c. Balance or gait problems, and state whether or not constant. If not, state frequency and duration.
 - d. Ear pain, and state location and whether or not constant. If not, state frequency and duration.
 - e. Ear discharge, and state type of discharge and whether or not constant. If not, state frequency and duration.
 - f. History of ear infection, and state date of last infection and frequency,
 - g. Vertigo or dizziness, and state whether or not constant. If not, state frequency and duration.
 - h. Pruritus of ear, and state whether or not constant. If not, state frequency and duration.
7. Report history of military, occupational, and recreational noise exposure.
8. History of neoplasm of ear:
 - a. Date of diagnosis, exact diagnosis, location
 - b. benign or malignant.
 - c. Types of treatment and dates
 - d. Last date of treatment
 - e. State whether treatment has been completed.

9. Other significant ear history.

C. Physical Examination (Objective Findings):

1. Conduct an external and otoscopic examination. Address each of the following and describe current findings, including abnormalities of size, shape, or form:
 - a. Auricle. State if there is any deformity. State if there is tissue loss and extent – is at least one-third of auricle lost, is there total loss?
 - b. External canal - describe any edema, scaling, discharge.
 - c. Tympanic membrane – describe if immobile, perforated, or has other abnormality
 - d. Aural polyps - number
 - e. Mastoids. Evidence of cholesteatoma?
 - f. Hearing loss – see audio examination protocol.
 - g. Evidence of middle ear infection (pain, edema, tenderness, discharge (type)).
 - h. Evidence of staggering gait or imbalance.
 - i. Complications and secondary results of ear disease, including disturbance of balance, facial nerve paralysis, repeated upper respiratory disease, hearing loss, tinnitus, bone loss of skull, etc.
2. For neoplasm, describe any residuals of the neoplasm and its treatment.
3. Other significant physical findings.

D. Diagnostic and Clinical Tests:

Include results of all diagnostic and clinical tests conducted, including audiologic and radiologic tests, in the examination report.

E. Diagnosis:

1. If a peripheral vestibular disorder was found, what is the exact diagnosis? Is the diagnosis based on tests or clinical findings? If tests, please state which tests and results.
2. Do any of the conditions diagnosed represent active ear disease (such as current suppurative otitis media)? If so, please list which one(s).
3. For each diagnosis, state effects of the condition on occupational functioning and daily activities.

Signature:

Date: