








**1. Information about the person**

First name:		Family name:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Age:	0-5 <input type="checkbox"/> 6-17 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> <i>If child is under 5 years of age  Refer to ear and hearing professional</i>						
Address:				Telephone:			

**2. Screening questions**

Ask:	Yes	No	
Do you currently use a hearing assistive product that was provided through a hearing service?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes</b>  Refer the person to their existing service provider <b>If No</b> → Continue
Do you have difficulty using speech to communicate?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes to any</b>  Refer to ear and hearing professional <b>If No to all</b> → Continue
In the last 3 months have you had sudden changes in hearing?	<input type="checkbox"/>	<input type="checkbox"/>	
Does discharge (fluid) often come out of your ear/s?	<input type="checkbox"/>	<input type="checkbox"/>	

**3. Ear health check**

Look closely at the outside of each ear			
Do both ears look healthy? <i>No signs of injury or infection, pinna and ear canal present</i>		Yes <input type="checkbox"/> → Continue ear health check No <input type="checkbox"/>  Refer to ear and hearing professional and book repeat ear health check after treatment	
Look closely inside each ear with otoscope	Left	Right	
Ear discharge or any sign of infection <i>Blood, pus, fluid, redness, tenderness</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If any</b> → Dry mop ear before otoscopy. Do not dry mop if person is experiencing significant pain. <b>If ear healthy after dry mop</b> → Continue screen <b>If ear not healthy after dry mop</b>  Refer to ear and hearing professional and book repeat ear health check
Ear blocked with ear wax	<input type="checkbox"/>	<input type="checkbox"/>	<b>If any consider ear washout</b> → Check if they have: <input type="checkbox"/> Had recent ear surgery <input type="checkbox"/> A known existing hole in their eardrum <input type="checkbox"/> An ear infection <input type="checkbox"/> Ear pain <b>If any above</b> → Do not do an ear washout <b>If none above</b> → Perform ear washout <b>If ear washout successful</b> → Continue screen <b>If ear washout not successful</b>  Refer to ear and hearing professional
Foreign body in the ear	<input type="checkbox"/>	<input type="checkbox"/>	
Hole in eardrum	<input type="checkbox"/>	<input type="checkbox"/>	<b>If any</b>  Refer to ear and hearing professional
Healthy/no ear problems	<input type="checkbox"/>	<input type="checkbox"/>	<b>If both ears are healthy</b> → Plan a hearing test to see if the person may benefit from hearing assistive products

 Referral recommended  Write notes here

#### 4. Other assistive products

Do you have difficulty with:	Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Self care <input type="checkbox"/> Communication <input type="checkbox"/> Cognition (thinking/remembering) <input type="checkbox"/>	<b>If any</b> → Other assistive products and/or ↗ referral to other services may assist
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#### 5. Plan

<b>Screen for:</b>	Vision <input type="checkbox"/> Mobility <input type="checkbox"/> Self care <input type="checkbox"/> Communication <input type="checkbox"/> Cognition <input type="checkbox"/>
<b>Assess for:</b>	Hearing test <input type="checkbox"/>
<b>Refer to:</b>	Ear and hearing professional <input type="checkbox"/> Hearing aid service <input type="checkbox"/> Other: ✎ _____
<b>Follow up:</b>	Repeat ear health screen <input type="checkbox"/> <div style="float: right; border: 1px solid black; padding: 2px;">                     Follow up date:                      ✎ _____                 </div>

#### How to perform an ear health check

Step	Action if ear problem	Action if no ear problem
1. Check outside of the person's ear (front and back on each side)	<ul style="list-style-type: none"> <li>• If signs of:                             <ul style="list-style-type: none"> <li>○ <b>Injury, infection</b> or</li> <li>○ <b>Absence/very different shape</b> of ear/ear canal ↗ Refer to an ear and hearing professional.</li> </ul> </li> <li>• If person has <b>injury or infection</b> → Ask them to return for an ear health screen after they have received treatment.</li> <li>• If signs of <b>ear discharge</b> → Dry mop person's ear before looking inside with otoscope.</li> </ul>	If <b>outside of ear is healthy</b> → Continue. Look inside person's ear.
2. Look inside the person's ear with otoscope (each side)	<ul style="list-style-type: none"> <li>• If signs of <b>infection</b> ↗ Refer to an ear and hearing professional. Ask the person to return for an ear health screen after they have received treatment.</li> <li>• If signs of <b>hole in eardrum</b> ↗ Refer to an ear and hearing professional.</li> <li>• If <b>ear canal blocked with ear wax or foreign body</b> → Perform ear washout. Always check it is safe to continue before performing washout.</li> </ul>	If <b>inside of ear is healthy</b> → Plan a hearing test.
3. If needed, perform ear washout	<ul style="list-style-type: none"> <li>• If ear washout <b>unsuccessful</b> ↗ Refer to an ear and hearing professional and ask them to return for an ear health screen after they have received treatment.</li> </ul>	If ear washout <b>successful</b> and ear healthy → Plan a hearing test.

↗ Referral recommended ✎ Write notes here