

Follow-up (6-16 weeks after onset)

PATIENT HOSPITAL NUMBER

TODAY'S DATE

Date of follow-up

Details of SSNHL

Patient symptoms currently:

- ☐ Hearing loss
- ☐ Associated aural fullness
- ☐ Associated tinnitus
- ☐ Associated vertigo
- ☐ Otagia
- ☐ Discharge
- ☐ Facial pain
- ☐ Sensitivity to sound
- ☐ Any other associated symptoms - please specify below

What other associated symptoms is the patient currently experiencing?

Otoscopic examination

Date of otoscopic examination

Otoscopic examination results

- ☐ Normal
- ☐ Abnormal- please specify below

Otoscopic examination findings

Pure Tone Audiometry

Only enter air conduction values from audiogram if the audiogram confirms sensorineural hearing loss.

Date of pure tone audiometry

Hearing level (dB) at 250Hz
(RIGHT)

Hearing level (dB) at 500Hz
(RIGHT)

Hearing level (dB) at 1kHz
(RIGHT)

Hearing level (dB) at 2kHz
(RIGHT)

Hearing level (dB) at 4kHz
(RIGHT)

Hearing level (dB) at 8kHz
(RIGHT)

Hearing level (dB) at 250Hz
(LEFT)

Hearing level (dB) at 500Hz
(LEFT)

Hearing level (dB) at 1kHz
(LEFT)

Hearing level (dB) at 2kHz
(LEFT)

Hearing level (dB) at 4kHz
(LEFT)

Hearing level (dB) at 8kHz
(LEFT)

Imaging

Was imaging requested?

- ☐ Yes - MRI
☐ Yes - Others, please specify below
☐ No

Please specify type of imaging requested:

Date imaging was requested

Was imaging performed?

- ☐ Yes - MRI
☐ Yes - Others, please specify below
☐ No

Please specify type of imaging performed:

Date imaging was performed

Were there any abnormal findings from the imaging?

- ☐ Yes - please specify below
☐ No

Please specify all abnormal findings from the imaging
(can copy and paste report)

Laboratory Tests

Laboratory tests performed?

- ☐ Yes
☐ No

Date laboratory test performed

What type of laboratory tests have been requested or performed?

- ☐ Full blood count (Hb, WCC, Platelets)
☐ Electrolytes and renal function (Ur, Cr, Na, K)
☐ Liver function tests (ALP, ALT/AST, GGT, Bili)
☐ Clotting screen
☐ Inflammatory markers (ESR, CRP)
☐ Bone profile (Ca, albumin, phosphate)
☐ Thyroid function tests
☐ Autoimmune screen (complement, antibodies)
☐ Glucose
☐ Other, please specify below

What other laboratory tests were performed?

Were there any abnormal findings from laboratory tests?

- ☐ Yes - please specify below
☐ No

Please specify all clinically significant abnormal findings from laboratory tests.

Treatments provided for SSNHL since first visit to ENT

Were any other treatments provided for this patient's SSNHL since their first visit to ENT?

- ☐ Yes
☐ No

Treatment route

- ☐ Oral
☐ Intravenous
☐ Intramuscular
☐ Subcutaneous
☐ Otic (by ear)
☐ Intratympanic injection

Treatment drug name

Treatment regimen (Please specify DOSE, FREQUENCY, DURATION) - E.g. 30mg BD for 7 days, then 30mg OD for 3 days

Was a second medical treatment prescribed?

- ☐ Yes
☐ No

Treatment route

- ☐ Oral
☐ Intravenous
☐ Intramuscular
☐ Subcutaneous
☐ Otic (by ear)
☐ Intratympanic injection

Treatment drug name

Treatment regimen (Please specify DOSE, FREQUENCY, DURATION) - E.g. 30mg BD for 7 days, then 30mg OD for 3 days

Was a third medical treatment prescribed?

- ☐ Yes
☐ No

Treatment route

- ☐ Oral
☐ Intravenous
☐ Intramuscular
☐ Subcutaneous
☐ Otic (by ear)
☐ Intratympanic injection

Treatment drug name

Treatment regimen (Please specify DOSE, FREQUENCY, DURATION) - E.g. 30mg BD for 7 days, then 30mg OD for 3 days

Outcomes of this presentation episode

Was a cause for the SSNHL identified on this occasion?

- ☐ Yes
☐ No

What was the cause for the SSNHL?

- ☐ Meniere's disease
☐ Retrocochlear disease
☐ Autoimmune hearing loss
☐ Trauma
☐ Radiation-induced hearing loss
☐ Noise-induced hearing loss
☐ Others - please specify below

Please specify other cause(s) of the SSNHL:

Was a Follow-up appointment booked?

- ☐ Yes
☐ No
☐ Not Applicable

Date of Follow-up

Were there any adverse events from previous treatment?

- ☐ Yes - please specify below
☐ No

Please specify any adverse events

Name of data collector who completed this section
