

Patient's First Presentation To ENT

PATIENT HOSPITAL NUMBER

TODAY'S DATE

Date of patient's first presentation to ENT

Which service are they presenting to?

- ☐ ENT Emergency clinic
☐ ENT outpatient clinic
☐ Other

Please specify which service they are being seen at:

Referral pathway and treatments received up until current presentation

Referral to ENT made by?

- ☐ GP
☐ A&E
☐ Others, please specify below
☐ N/A

Please specify who made the ENT referral:

Date of referral to ENT made

Did the patient receive any treatments prior to presenting to the ENT department?

- ☐ Yes
☐ No

Date treatment(s) commenced prior to being seen by ENT

Where was this treatment administered?

- ☐ GP
☐ A&E
☐ ENT
☐ Other

Please specify where this treatment was administered:

Treatment route

- ☐ Oral
☐ Other, please specify below

Please specify treatment route:

- ☐ 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
☐ Other, please specify below

Please specify treatment route:

- ☐ 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

Where was this treatment given?

- ☐ GP
☐ A&E
☐ ENT
☐ Other

Please specify where this treatment was given:

Were there any adverse events from treatment?

- ☐ Yes - please specify below
☐ No

Please specify any adverse events

Details of SSNHL

Date of onset of SSNHL symptoms

Side of SSNHL

- ☐ Right
☐ Left
☐ Bilateral

Patient symptoms:

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

What other associated symptoms did the patient experience?

Was there a precipitating illness?

- ☐ Yes - please specify below
☐ No

Please provide brief details regarding the precipitating illness (e.g. what illness, duration, treatment)

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

Imaging requested?

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

Date imaging was requested

Please specify type of imaging requested:

Imaging performed?

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

Date imaging was performed

Please specify type of imaging 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 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

Were there any abnormal findings from laboratory tests?

- ☐ Yes - please specify below
- ☐ No
- ☐ Pending

What other laboratory tests were performed?

Please specify all significant abnormal findings from laboratory tests.

Treatments provided during this episode

Treatments prescribed during this episode

- ☐ 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 during this first presentation to ENT?

- ☐ 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 identifiable cause(s) for the SSNHL:

Was a follow-up appointment booked?

- ☐ Yes
☐ No
☐ Not Applicable

Date of follow-up

Name of data collector who completed this section
