

# 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

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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

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

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Where was this treatment given?

- GP  
 A&E  
 ENT  
 Other

Please specify where this treatment was given:

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Were there any adverse events from treatment?

- Yes - please specify below  
 No

Please specify any adverse events

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### Details of SSNHL

Date of onset of SSNHL symptoms

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Side of SSNHL

- Right  
 Left  
 Bilateral

Patient symptoms:

- 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 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) \_\_\_\_\_

### Otoscope Examination

Date of otoscopic examination \_\_\_\_\_

Otoscope examination results \_\_\_\_\_

- Normal  
 Abnormal - please specify below

Otoscope 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) \_\_\_\_\_

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Hearing level (dB) at 1kHz  
(LEFT)

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Hearing level (dB) at 2kHz  
(LEFT)

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Hearing level (dB) at 4kHz  
(LEFT)

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Hearing level (dB) at 8kHz  
(LEFT)

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## Imaging

Imaging requested?

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

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Date imaging was requested

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Please specify type of imaging requested:

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Imaging performed?

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

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Date imaging was performed

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Please specify type of imaging performed:

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Were there any abnormal findings from the imaging?

- Yes - please specify below  
 No

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

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## Laboratory Tests

Laboratory tests performed?

- Yes  
 No

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Date laboratory test performed

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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

\_\_\_\_\_

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Was a third medical treatment prescribed?

- Yes  
 No

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Treatment route

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

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Treatment drug name

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

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### Outcomes of this presentation episode

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Was a cause for the SSNHL identified during this first presentation to ENT?

- Yes  
 No

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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

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Please specify other identifiable cause(s) for the SSNHL:

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Was a follow-up appointment booked?

- Yes  
 No  
 Not Applicable

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Date of follow-up

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Name of data collector who completed this section

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