

Audiogram

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Family Name:		First Name:		Middle Name:	
Date of Birth:		Country:			
Sex:		Audiometer (Name):			
Examiner:			Date of Examination:		
Calibration:			ANSI 1969: <input type="checkbox"/>	ISO 1964: <input type="checkbox"/>	
Other:					

125	250	500	1000	2000	4000	8000	
							0
							10
							20
							30
							40
							50
							60
							70
							80
							90
							100
							110
							120

	Type	Init Cav.	Peak Comp.	Static Comp.	Mep
Right					
Left					

REFLEXOMETRY

Stim (Right)	500	1000	2000	4000
Ipsi				
Contra				
Decay				

Stim (Left)	500	1000	2000	4000
Ipsi				
Contra				
Decay				

FREQUENCY IN HERTZ (key to symbols)

Ear	Air	Air-masked	Bone	Bone-masked	AB Words	SSI Test
R	O	O	<	[O	△
L	X	X	>]	X	□
Soundfield	S	No response	↙			

IMPEDANCE TYMPANOMETRY

	TYPE OF HEARING LOSS (Check one for each ear)			PURE TONE AVERAGE (500 – 1000 – 2000 Hz)	
	Sensori-neural	Conductive	Mixed	Air	Bone
Right					
Left					