Special Olympics Healthy Hearing

# Healthy Hearing Report

Special Olympics Health
MADE POSSIBLE BY Golisano FOUNDATION

**Athlete's Name:** **Date:**

**Follow-up Recommended?**

□ **Yes:** You are advised to take further action as you **DID NOT PASS** your hearing screening in your **RIGHT/LEFT/BOTH ear(s)**. Please see below.

□ **No:** You **PASSED** your hearing screening in your **RIGHT/LEFT/BOTH ear(s).** No concerns were identified during today's Healthy Hearing screening. No additional follow-up is recommended.

**Services Provided:**

*Today, you learned how to help you keep your Hearing Healthy, and received the following service(s):*

□ Earwax removal
□ Right □ Left □ Both
□ Hearing aid(s) fitting
□ Right □ Left □ Both
□ Ear protection (noise plugs)
□ Earmold for swim plugs
□ Earmold for hearing aid(s)
□ Hearing aid repair/maintenance
□ Education
□ Other: _____

## Referral Information

| **Program/Provider Type** (Select all appropriate) | **Referral Type** (Select one) |
|---|---|
| □ Audiologist | O **Routine Follow-Up**: Continue routine care with a hearing provider at a frequency of:<br>□ Every 6 months □ Once a year □ Every two years □ Other:_____<br><br>O **Non-Urgent:** Follow up within 4 weeks<br>*Reason(s) for Referral:*<br>□ Hearing aid fitting □ Hearing aid maintenance/repair □ Audiological evaluation<br>□ Earwax removal □ Other: _____ |
| □ Ear, Nose, and Throat (ENT) Specialist | O **Non-Urgent:** Follow up within 4 weeks<br>*Reason(s) for referral:*<br>□ Earwax removal □ Tympanometry screening □ Medical evaluation of ears<br>□ Medical clearance for hearing aids □ Other: _____<br><br>O **Urgent:** Follow up within 2 weeks<br>*Reason(s) for referral:*<br>□ Medical evaluation of ears □ Contraindications noted during Pure Tone Thresholds<br>□ Other: _____ |
| □ Primary Care Provider | O **Non-Urgent:** Follow up within 4 weeks<br>O **Urgent:** Follow up within 2 weeks<br>*Reason for referral:* _____ |
| □ Other: _____ | O **Non-Urgent:** Follow up within 4 weeks<br>O **Urgent:** Follow up within 2 weeks<br>*Reason for referral:* _____ |