

**RED FLAGS** Conditions requiring medical referral if no written or verbal clearance on record.

For Hearing Aid Dispensing

**RED FLAGS**

DETAILS Name

Date of Birth

Referral Source



1. Patient under 16 years of age.

PRESENT HISTORY

Hearing Onset . Gradual  
Rapid  
Fluctuating



2. Rapid onset or fluctuating hearing loss.  
*E.g. Meniere's Disease.*

Discharge



3. History of active drainage in the preceding 90 days or visible drainage on examination.  
*E.g. Otitis Externa, M.E. infection.*

Pain



4. Ongoing ear pain.  
*E.g. Otitis Ext., T.M.J. Syndrome*

Tinnitus



5. Unilateral or pulsatile tinnitus.  
*E.g. Aneurysm, Carotid stenosis.*

Dizziness



6. Acute or chronic dizziness.  
*E.g. Meniere's Disease, B.P.P.V.*

EXAMINATION.

Pinna



7. Occluding cerumen or foreign object in the meatus.

Meatus



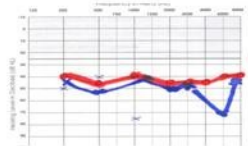
8. Visible, or unexplained, abnormality of the external ear.  
*E.g. Perforation, Osteoma, Exostosis.*

Tympanic Membrane

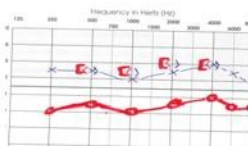


TESTS

Pure Tone



9. Unilateral hearing loss greater than 30dB at any one frequency.  
*E.g. Acoustic Neuroma*



10. Air bone gap greater than 15dB at 500, 1k. and 2k. Hertz.  
*E.g. Perforation, M.E. fluid.*

Word Recognition.



11. With symmetrical thresholds a difference of greater than 40% on word recognition test (minimum 25 word list, recorded presentation) between ears.  
*E.g. Acoustic Neuroma*