CERUMEN MANAGEMENT

Today's Date: ________________

Name: ____ DOB: _____/_________/_______

Ear History

Have you ever had earwax removed before? ☐ Yes ☐ No If yes, how long ago? ______________________

Were there any complications? ☐ Yes ☐ No If yes, describe: ___________________________

Does one ear feel more plugged up than the other? ☐ Yes ☐ No If yes, ☐ Right ☐ Left

Are you noticing a decrease in your hearing? ☐ Yes ☐ No

Do you have ringing/buzzing in your ears (tinnitus)? ☐ Yes ☐ No Describe: _______________________________

Do you have any of the following in your ear(s): ☐ Pain ☐ Drainage ☐ Plugged/Full feeling ☐ None of the above

If yes, please specify: ____

Do you regularly wear in-the-ear hearing protection or hearing aids? ☐ Yes ☐ No

Do you or have you ever used cotton swabs or other home remedies to remove earwax? ☐ Yes ☐ No

If yes, please describe: ____

Medical History

Do you take any blood thinners? ☐ Yes ☐ No

If yes, which ones? ____

Do you bruise or bleed easily? ☐ Yes ☐ No

Do you have any of the following: (check all that apply)

☐ Acute or chronic dizziness ☐ Chemotherapy within the last six months ☐ Compromised immune system

☐ Dementia/Alzheimer's ☐ Radiation therapy to head/neck ☐ Diabetes

☐ Allergies to any medications, plastics, etc. If yes, what? ____

Certain risk factors may make it more likely for you to incur complications such as bleeding or irritation during the procedure of removing earwax. These complications may occur even if you have no risk factors but these complications are not life threatening. The process of earwax removal may involve some discomfort, coughing or minor bleeding. Rarely, the removal of cerumen also may involve temporary hearing loss, infection, dizziness and tinnitus. If you decide you do not want to have your earwax removed, you may stop the procedure at any time. By signing this form of consent you are agreeing that you have been informed of the risk of cerumen management but would like to continue with the procedure.

Signature ____ Date ______________________

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