

When to refer to an audiologist

WORKBOOK



THE AUDIOLOGY METHOD

When your patient presents with any of the following comorbidities:

- Sudden or rapidly progressive hearing loss
- Unilateral hearing loss of sudden onset within the past 90 days
- Otorrhea in past 90 days
- Otalgia in past 90 days
- Visible congenital or traumatic deformity of the ear
- Previously diagnosed and untreated hearing loss
- Family history of hearing loss
- Congenital hearing loss
- Cerumen impaction
- Acute or chronic dizziness
- Vertigo
- Tinnitus
- Noise exposure
- History of ear surgery
- History of ear infections
- Vision loss
- Renal dysfunction
- Chronic kidney disease
- Fibromyalgia
- Rheumatoid arthritis
- Anemia
- Grave's disease
- Diabetes Types 1 & 2
- Obesity
- High blood pressure
- Cardiovascular disease
- Hypothyroidism
- Autoimmune disease
- History of head injury
- History of stroke
- Dementia
- Cognitive decline
- Depression
- Current smoker



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When your patient is taking any of the following medications:

Ototoxic medications

Loop inhibiting diuretics

Aminoglycoside antibiotics

Vestibulotoxic medications

Cisplatin/Carboplatin

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When your patient reports:

Hearing difficulties

Balance issues

Tinnitus



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When your patient fails a hearing screening—recommended screening measurements:

Subjective: HHIE-S

What is it?

A self-administered 10 question screener assessing your patient's social and emotional impact of their hearing status.

Time required to complete?

2 minutes

When to refer?

Refer patients who score 8 or higher

Continue to next page for printable HHIE-S.

Objective: Pure Tone Hearing Screening

What is it?

Hearing screening assessing patient's ability to hear tones in both ears at 40 dB at frequencies of 500, 1000, 2000, and 4000 Hz

Time required to complete?

Approximately 90 seconds

When to refer?

Refer patients who fail to hear 2 frequencies in either ear





HHIE-S

Instructions: The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select *Yes*, *Sometimes*, or *No* for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear with the hearing aid.

	<i>No</i>	<i>Sometimes</i>	<i>Yes</i>
1. Does a hearing problem cause you to feel embarrassed when you meet new people?	0	2	4
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	0	2	4
3. Do you have difficulty hearing when someone speaks in a whisper?	0	2	4
4. Do you feel handicapped by a hearing problem?	0	2	4
5. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	0	2	4
6. Does a hearing problem cause you to attend religious services less often than you would like?	0	2	4
7. Does a hearing problem cause you to have arguments with family members?	0	2	4
8. Does a hearing problem cause you to have difficulty when listening to television or radio?	0	2	4
9. Do you feel that any difficulty with your hearing limits/hampers your personal or social life?	0	2	4
10. Does a hearing problem cause you difficulty in a restaurant with relatives or friends?	0	2	4

Grand Total

Column Totals

_____ (add column totals)

Get in touch!

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