

## EAR AND HEARING PRACTITIONER'S FORM

### PARTICULARS OF CLIENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Identity number: \_\_\_\_\_

Age: \_\_\_\_\_

### PARTICULARS OF PRACTITIONER

Name \_\_\_\_\_ (practice or HPCSA No) \_\_\_\_\_

Address \_\_\_\_\_

E-Mail address \_\_\_\_\_

Telephone number \_\_\_\_\_

I \_\_\_\_\_ (practitioner's full name), identity number

\_\_\_\_\_ and practice number or HPCSA number \_\_\_\_\_ do hereby  
declare the following:

1. I am a qualified practitioner and qualified and practicing specialist in  
\_\_\_\_\_ (state area of speciality)
2. I have consulted with \_\_\_\_\_ (state  
practitioner's  
name and identity number) on \_\_\_\_\_ (date)
3. Consent in terms of POPIA has been given to me by the client to disclose the findings made  
with respect to the examination.

4. Short summary Case History. (Relating to audiological aspects)

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5. Otoscopic results:

Immittance results (tympanometry and acoustic reflexes):

Pure tone audiometric results (include aided results if applicable):

Speech audiometry results (include aided results if applicable):

Any other results:

6. Professional opinion and recommendations, impressions of the prognosis, and the need for referral and follow-up.

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I confirm that the above and the attached documentation are an accurate reflection

by \_\_\_\_\_ (state practitioner's name)

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

PRACTITIONER'S STAMP.

Please note the following:

1. The **document or attached report should be written within the past 2 years.**
2. The document or attached report must be printed on the practitioner's official letterhead