

**Cerumen Management**

Today's Date: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ear History**

Have you ever had wax 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 the 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

Have you ever received medical treatment for significant ear problems?  Yes  No

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 Q-tips or other home remedies to remove wax?  Yes  No

If yes, please describe: \_\_\_\_\_

**Medical History**

Do you take any blood thinner medications?  Yes  No

If yes, which ones? \_\_\_\_\_

Do you bruise or bleed easily?  Yes  No

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

Acute or chronic dizziness  Chemotherapy in last 6 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 wax. These complications may occur even if you have no risk factors but these complications are not life threatening. The process of wax 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 wax removed at any time, you may stop the procedure. 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.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Today's date

