



# Children's Ear Clinic consent form

Patient Label	
Name: _____	
NHI: _____	DOB: _____ dd/mm/yy
Address: _____	

Please read both sides  
Parent / caregiver to complete, sign and  
return to the school office or ear nurse

## Please print the child's details

Child's first name:	Child's last name:
Date of birth:	Please circle: male or female
Address:	
Mobile phone number for text messages:	
Other telephone:	
School / preschool:	
Parent / caregiver's name:	Relationship with child (i.e. mum / koro):
Name of doctor:	
Any allergies:	
Are immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passed the new born hearing check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passed the B4 school hearing check	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ear health concern? What would you like us to check?	
Previous ear health history	

## Informed consent – Children's Ear Clinic

I am the parent / guardian of \_\_\_\_\_ (child's name)

Name of person/s who will bring my child to clinic \_\_\_\_\_

I consent to my child's ear being examined ☐ Yes ☐ No

I consent to ear treatment as required until complete ☐ Yes ☐ No

I consent to my child's results being shared with their doctor,  
relevant health professionals and teacher ☐ Yes ☐ No

You will be contacted by phone or text to discuss your child's ear health if further treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or legal guardian) dd/mm/yy

## Specialty ear nurse

Tokoroa: (07) 885 0640 Te Kuiti: (07) 878 7333 Taumarunui: (07) 896 0020

Hamilton and all other areas: (07) 838 3565 ext. 22094

Patient Label		
Name: _____		
NHI: _____	DOB: _____ <small>dd/mm/yy</small>	
Address: _____		

## Children's Ear Clinic

### consent form - continued

### Information for parent / guardian

#### What is ear examination?

- **Use** of a specialised "torch" (otoscope or microscope) to look inside the ear canal to view the ear drum
- **Tympanometry** a machine which measures how an eardrum moves indicating fluid in the middle ear
- **Audiometry** a machine which indicates the level of hearing in each ear

#### What is ear treatment?

Use of microscope and suction equipment to clear wax and/debris from the ear canal when:

- the ear is blocked or discharging
- the child has failed tympanometry test and wax needs to be removed to examine the eardrum
- a large amount wax is blocking the ear canal.

## OFFICE USE ONLY – health history

This section is to be completed by the specialty ear nurse

CHILD'S NHI: \_\_\_\_\_

ORL specialist: \_\_\_\_\_ Surgery: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yy

ORL specialist: \_\_\_\_\_ Surgery: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yy

Ear / hearing problems: \_\_\_\_\_

Birth: \_\_\_\_\_ Developmental: \_\_\_\_\_

Medical: \_\_\_\_\_ Hospitalisation: \_\_\_\_\_

Medication: \_\_\_\_\_ Referral source: \_\_\_\_\_

AUDIOMETRY DATE:					
Right ear			Left ear		
500Hz	30dB		500Hz	30dB	
1000Hz	40dB or 20dB		1000Hz	40dB or 20dB	
2000Hz	20dB		2000Hz	20dB	
4000Hz	20dB		4000Hz	20dB	
<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
RESCREEN DATE:					
Right ear			Left ear		
500Hz	30dB		500Hz	30dB	
1000Hz	40dB or 20dB		1000Hz	40dB or 20dB	
2000Hz	20dB		2000Hz	20dB	
4000Hz	20dB		4000Hz	20dB	
<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/> Pass <input type="checkbox"/> Fail		