California State University, Fresno

Speech, Language, & Hearing Clinic

5310 North Campus Drive M/S PH 80 – Fresno, CA 93740-8019

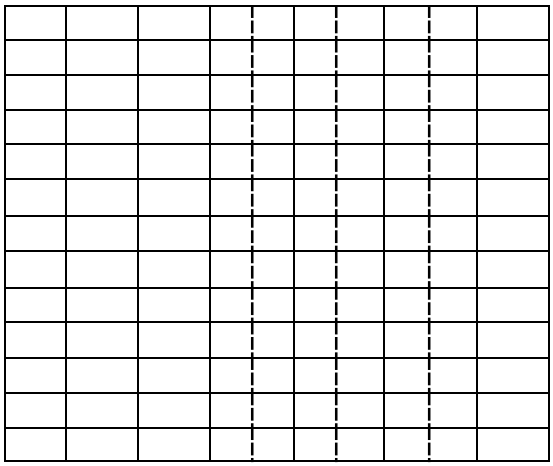
Name: _____DOB _____ Date_____

Address:_____

Referred by:_____ Audiometer _____ Reliability_____

☐ Standard Audiometry ☐ Play Audiometry ☐ VRA ☐ BOA □ Inserts Earphones

FREQUENCY IN HERTZ (Hz)



Modality	Response		No Response	
	R	L	R	L
Air				
Unmasked	O	X	O	X
Masked	△	□	△	□
Bone				
Unmasked	<	>	<	>
Masked	[	]	[	]
Soundfield				
Unaided	S		S	
Aided	A		A	

CNT = Could not test
DNT = Did not test
CNE = Could not establish

IMMITTANCE AUDIOMETRY

Probe Ear	IMMITTANCE AUDIOMETRY							
	Resting Pressure	Ear Canal Volume	Peak Compliance		Reflex Thresholds/Screening			
					500	1000	2000	4000
Right Ear				Ipsi.				
				Contra (Stim Lt)				
Left Ear				Ipsi/				
				Contra (Stim Rt)				

Remarks:

☐ **Recorded** ☐ **Live Voice** Speech Materials: ☐ N U 6 ☐ Quick-SIN ☐ WIPI ☐ Other: _____

EAR	PTA	SRT / SAT	Quick-SIN Score	Discrimination Quiet	Discrimination Noise	S/N	HL / Masking	MCL / UCL	Sound Field	SRT / SAT	Discrimination Quiet	Discrimination Noise	HL
Right				%	%				Unaided R		%	%	
Left				%	%				Aided L		%	%	

Recommendations _____

_____

_____

_____ _____

Student Clinician Signature **Supervising Audiologist Signature**