



Veteran

UIN

Insert conditions:

1. Please record the **results** of the most recent **audiogram** in the table below for all the indicated Frequency Levels. Please include masked bone conduction thresholds where clinically relevant. Where not performed include unmasked bone conduction thresholds.

DATE OF AUDIOGRAM / /	AIR CONDUCTION		BONE CONDUCTION		
	Hearing Levels (dB)		Hearing Levels (dB)		
	Frequency (Hz.)	Left	Right	Left	Right
	500				
	1000				
	1500				
	2000				
	3000				
	4000				
6000					

2. Please select the most accurate description of any **tinnitus**.

Description	Select One
None.	<input type="checkbox"/>
Intermittent.	<input type="checkbox"/>
Permanent.	<input type="checkbox"/>

Clinician's signature	Clinician's name	Date	Time to complete form
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