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| --- | --- | --- | --- |
| Australian Government crest, Department of Veterans' Affairs branding | Hearing Loss and Tinnitus  Medical Impairment Assessment | | |
| Veteran | |  | UIN |
|  | |  |  |
|  | |  |  |
| Please assess the following condition(s): | | | |

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 |  |  |  |  |  |

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

| **Description** | **Select One** |
| --- | --- |
| None. |  |
| **Intermittent**. |  |
| **Permanent**. |  |

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| --- | --- | --- | --- |
| Clinician’s signature | Clinician’s name | Date | Time to complete form |
|  |  |  |  |