



LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102

Howell, Michigan 48843-7578

www.lchd.org

PERSONAL/PREVENTIVE HEALTH SERVICES

P: (517) 546-9850

F: (517) 546-6995

ENVIRONMENTAL HEALTH SERVICES

P: (517) 546-9858

F: (517) 546-9853

HEARING PROGRAM - PHYSICIAN REPORT

Date: _____

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE: _____

SCHOOL/GRADE: _____

PARENT'S NAME: _____

Technician's Initials: _____

Important: Please have the Doctor complete this form and return to the Livingston County Health Department.
Form may be faxed to LCHD at 517-545-9685 (secure line) or mailed to above address.
Thank you.

DOCTOR'S REPORT:

DIAGNOSIS:

- Eustachian Tube Dysfunction
- Otitis Media (MEE, SOM, COM)
- Cerumen Impaction
- TM Perforation
- Cholesteatoma
- Sensorineural Hearing Loss
- Mixed Hearing Loss
- Normal Exam
- Other _____

TREATMENT:

- Medication
- Tubes
- Surgery
- Cerumen Removal
- Hearing Aids
- No Treatment at this Time

FURTHER TREATMENT:

- Follow-up Medical Exam
- Repeat Hearing Evaluation

Physician's Signature

Physician's Printed Name

Date