**PRIOR TO EAR IRRIGATION - PATIENT CHECKLIST**

**NAME: «PATIENT\_Forename1» «PATIENT\_Surname» App:**

**DOB: «PATIENT\_Date\_of\_Birth»**

**DATE: 28 June 2022**

Please answer the following questions by selecting YES or NO:

* If you answer YES to any of the questions you may not be suitable for ear irrigation and this will have to be checked with your GP or Practice Nurse before an appointment may be booked.
* If the answer is NO to all the questions then you must book for ear irrigation and collect a ‘Prior to Ear Syringing’ form from reception which advises you on how to prepare the ears before the procedure.

|  |  |  |
| --- | --- | --- |
| Question | YES | NO |
| Have you every had your ears syringed before?  If not – you must see your GP first for an ear examination |  |  |
| Have you had any surgery done on your ears – this could be any of the following: |  |  |
| Do you have grommets in your ears, or have you ever had them before? |  |  |
| Have you had a mastoidectomy? |  |  |
| Have you ever had Myringoplasty (repair of ear drum)? |  |  |
| Have you had a cochlear implant? |  |  |
| Do you have any earache/pain? |  |  |
| Have you ever had a perforated ear drum? |  |  |
| Do you suffer from Vertigo/Dizziness? |  |  |
| Do you suffer from Tinnitus (noises in the ear)? |  |  |
| Do you have any itching in the ears? |  |  |
| Do you have any discharge from ears? |  |  |

**Appointment made for:**