



Cerumen Management

Case History

Patient Information

Name: _____ Date: _____

Have you ever had wax remove before? YES NO
If yes, how long ago? _____

Does one ear feel more plugged up than the other? YES NO
If yes, which ear? RIGHT LEFT

Do you have a history of diabetes? YES NO

Do you take any blood thinner medications? YES NO

If yes, which ones: _____

Have you ever received medical treatment for significant ear problems? YES NO

If yes, specify: _____

Have you had recent ear pain or drainage? YES NO

Have you ever had any holes or perforations in your eardrums? YES NO

Do you bruise or bleed easily? YES NO

Certain risk factors may make it more likely for you to incur complications such as bleeding and irritation during the procedure of removing wax. These complications may occur even if you have no risk factors but these complications are not life threatening. The process of wax removal can involve discomfort, bleeding, temporary hearing loss, infection, dizziness and tinnitus. If you decide you do not want to have your wax removed at any time, you may stop the procedure. By signing this form of consent, you are agreeing that you have been informed of the risks of cerumen management but would like to continue with the procedure.

Signature: _____ Date: _____