

# Sunshine Cottage

SCHOOL FOR DEAF CHILDREN

603 E. Hildebrand Avenue  
San Antonio, Texas 78212  
Phone: (210) 824-0579 Fax: (210) 826-0436

## OTOLOGIC EXAMINATION SCHOOL YEAR: 2023 – 2024

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Cause of Hearing Loss: \_\_\_\_\_  
\_\_\_\_\_

Type of Severity of Hearing Loss: \_\_\_\_\_  
\_\_\_\_\_

Otoscopic Examination Results: \_\_\_\_\_  
\_\_\_\_\_

Test Results (CT Scan, MRI, etc.): \_\_\_\_\_  
\_\_\_\_\_

The child has been examined and can wear earmolds and/or hearing technology? Yes \_\_\_\_\_ No \_\_\_\_\_

Is genetic testing recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

Is medical treatment recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

Recommendations and Impressions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Return Appointment: \_\_\_\_\_

**\*\* For SSC Office Use Only \*\***

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Signature of Otologist/ENT

\_\_\_\_\_  
(Print) Name of Otologist/ENT

\_\_\_\_\_  
Phone Otologist/ENT