
# Microsuction & Irrigation Ear Wax Removal

To safely remove any wax or foreign bodies presentwithin the ear canal, it Is Important that the clinician is made fully aware of anything which may have a bearing onthe procedure. Please answer the following questionsregarding your hearing health by ticking and completing the relevant boxes:

**Do you suffer from any condition that causes balanceproblems or vertigo attacks?***

- ◯ Yes
- ◯ No

**Have you had any fluid discharge from your ear/swithin the last 30 days?***

- ◯ Yes
- ◯ No

**Have you suffered any pain in your ears within thelast 30 days?***

- ◯ Yes
- ◯ No

**Are you aware of, or suspect you may have or havehad a perforated ear drum?***

- ◯ Yes
- ◯ No

**Have you tried to remove the wax yourself otherthan using ear drops?***

- ◯ Yes
- ◯ No

**Have you had any surgical operations on your ears,nose or throat?***

- ◯ Yes
- ◯ No

**Are you currently under an ENT Consultant orreceiving any treatment regarding your ears?***

- ◯ Yes
- ◯ No

**Are you using any antiplatelet or anticoagulantblood thinners?* (E.g. Warfarin)***

- ○ Yes
- ○ No

**Do you have persistent tinnitus (usually a ringingor buzzing noise in the head or ears)?***

- ○ Yes
- ○ No

**Have you had wax removed from your ears previously?***

- ○ Yes - microsuction
- ○ Yes - other
- ○ No

**Do any of the following apply to you?**

- ○ Impaired immune system- diabetes, cancer, HIV, HEP B, MRSA, etc.
- ○ Radiotherapy on the head/neck.
- ○ Recent metallic taste sensations
- ○ Recent facial tingling or numbness

**Any details regarding the above**

**Are you aware of any reason as to why you should not proceed with microsuction or irrigation?** *

- ○ Yes
- ○ No

**Patient* : Name and Surname** **Signature**

**Does the signature above belong to the patient ?** *

- ○ Yes
- ○ No

**Date of Signature** *

Month Day Year

This form is completed to the best of my knowledge.

**Consent Terms* : I have read and understood the terms of service and am willing to be bound by them**

- ○ Yes
- ○ No

## SUBMIT FORM

to info@earwaxremovalheysham.co.uk