Nose, Mouth, Throat, Ears, and Hearing

Name: _____ Date: _____

Age: _____ Gender: _____

History

Review of History Related to Nose, Mouth, Throat, and Ears:

YES/NO			If YES, provide details:
Nose			
☐	☐	Problem with your nose	_____
☐	☐	Trauma/surgery to nose	_____
☐	☐	Problem with your sinuses	_____
☐	☐	Allergies (ask about presentation)	_____
☐	☐	Injury of or surgery on nose	_____
☐	☐	Change in smell ability	_____
☐	☐	Nasal obstruction	_____
☐	☐	Cold and/or sneezing	_____
☐	☐	Snorting or sniffing substances	_____
☐	☐	Snoring	_____
☐	☐	Nosebleeds	_____
☐	☐	Sinus infection	_____
☐	☐	Use of nasal sprays	_____
		Type spray:	_____
		Length of use:	_____
Mouth			
☐	☐	Problem with your mouth	_____
☐	☐	Lesions or sores in mouth	_____
☐	☐	Swollen or bleeding gums	_____
☐	☐	Problem with your teeth	_____
☐	☐	Difficulty chewing	_____
☐	☐	Lost teeth	_____
☐	☐	Wear dentures (fit)	_____
☐	☐	Last dental check-up	Date: _____

☐ ☐ Change in taste _____

☐ ☐ Sensitivity to cold or hot _____

☐ ☐ Bad breath _____

☐ ☐ Painful tongue _____

☐ ☐ Tongue, mouth, lip piercing _____

Throat

☐ ☐ Hoarseness _____

☐ ☐ Loss of voice _____

☐ ☐ Difficulty swallowing _____

☐ ☐ Frequent sore throats _____

☐ ☐ Frequent infections _____

Tobacco Products

☐ ☐ Smoke cigarettes _____

☐ ☐ Smoke pipe _____

☐ ☐ Chew tobacco _____

☐ ☐ Related problems _____

Ears and Hearing

☐ ☐ Ear disease or trauma _____

☐ ☐ Tinnitus _____

☐ ☐ Dizziness or Vertigo _____

☐ ☐ Medications _____

☐ ☐ Occupational Noise Exposure _____

☐ ☐ Discharge from Ears _____

☐ ☐ Infections _____

☐ ☐ Otalgia _____

☐ ☐ Allergies _____

☐ ☐ Hearing Problems _____

If Yes: One or both ears Onset

Best sounds heard Difficult sounds heard

Speech How managed

☐ ☐ Hearing Aid Use _____

Current medications: _____

_____

Family history of nose, mouth, throat, ears, or hearing problems: _____

_____

Allergies: _____

_____

Health promotion/specific prevention behaviors related to mouth, nose, throat, ears or hearing:

_____

_____

Current Problem

Focused symptom analysis of current problem:

Character: _____
Onset: _____
Duration: _____
Location: _____
Severity: _____
Associated problems: _____
Efforts to treat: _____

Physical Assessment
Inspect and Palpate.

Nose:

Appearance (symmetry, placement, lesions, scars); _____

_____

Nasal Discharge (amount, characteristics, odor): _____

_____

Nasal Patency (air movement, bilateral patency, septum position and character): _____

_____

Olfactory nerve (CN 1 – smell, test bilaterally): _____

Sinus tenderness (inspect and palpate sinuses): _____

_____

Mouth:

General characteristics (hygiene, teeth, lips, smile, ease of movement): _____

_____

Teeth (number, repair, alignment, hygiene, placement/stability, tenderness): _____

_____

Gums (lesions, color, bleeding, swelling): _____

Hard and soft palate (color, pigmentation, moisture, lesions): _____

_____

Mucous membrane (color, pigmentation, moisture, salivary glands): _____

_____

Tongue (color, position, exudate, lumps, masses): _____

_____

Throat:

General characteristics (swallowing, lesions): _____

_____

Posterior pharynx (color, swelling, exudate, tonsils, tonsillar pillar, uvula): _____

_____

Glossopharyngeal and vagus nerves (CN – IX and CN – X; movement of uvula, soft palate, and gag reflex): _____

Ears and Hearing:

Inspect and palpate.

Skin of ears (color, tone, and texture): _____

Auricles (position and shape, lesions): _____

Auditory meauts (patency, drainage): _____

Ear alignment with eyes: _____

Pinna, tragus (characteristics, position): _____

Mastoid process: _____

Drainage, inflammation, tenderness, lesions: _____

Otoscopic examination:

Ear canal (color, characteristics, cerumen, lesions, foreign objects, drainage): _____

_____

Tympanic membrane (color, intactness, landmarks, characteristics): _____

_____

Hearing acuity:

Watch or whisper (sound characteristics)**:** ☐ **Expected** ☐ **CD Unexpected**

Describe: _____

Rinne test (air conduction > bone conduction)**:** ☐ **Expected** ☐ **CD Unexpected**

Describe: _____

Weber test (sound lateralization**):** ☐ **Expected** ☐ **CD Unexpected**

Describe: _____

Romberg test (balance maintained)**:** ☐ **Yes** ☐ **No**

Describe: _____

Analysis:

_____

_____

_____