

Ear Irrigation Consent

Following examination of your ears your practitioner may decide ear irrigation is a suitable option for you.

Patient Name: _____ Date of Birth: _____

Street Address: _____

Town: _____ Postcode: _____

Contact number: _____ Mobile: _____

Email: _____

G.P. Name and address: _____

Please inform your practitioner if you have or have had any of the following:

Yes

No

- 1) Have you had ear syringing before?
- 2) Any previous problem following irrigation?
- 3) Any current or previous perforation of the ear drum? If so when?
- 4) A cleft palate?
- 5) Are you immunocompromised or suffer from diabetes?
- 6) Any previous ear surgery including grommets? If so when?
- 7) Do you wear hearing aids?
- 8) Any discharge or ear infection within the past 6 weeks?
- 9) A foreign body in the ear?
- 10) Any pain in your ears or mastoid tenderness?
- 11) Do you usually have hearing in one ear only?
- 12) Do you have or have suffered from Vertigo
(feels like you or the environment is moving or spinning around).
- 13) Tinnitus (ringing in the ears). Is this recent or longstanding?
- 14) Have you oiled your ears daily for at least 7 days?
- 15) Have you had a recent head injury?
- 16) Are you on any anticoagulants (blood thinning) medication?

Possible Complications of Ear Irrigation:

- Failure of wax removal

