EARWAX AWAY

MICROSUCTION EAR WAX REMOVAL CONSENT FORM

To safely remove any wax or foreign bodies present within the ear canal, it is important we are fully aware of anything which may have a bearing on the procedure.

Please peruse this consent form and answer the questions below regarding your hearing health prior to your appointment. The form will be signed and stored on day of treatment.

Do you suffer from any condition that causes balance problems or vertigo attacks?

Yes ☐ No ☐

Have you had any fluid discharge from your ear/s within the last 30 days?

Yes ☐ No ☐

Have you suffered any pain in your ears within the last 30 days?

Yes ☐ No ☐

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

Yes ☐ No ☐

Have you tried to remove the wax yourself other than 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 or receiving treatment regarding your ears?

Yes ☐ No ☐

Are you using any antiplatelet or anticoagulant blood thinners?

Yes ☐ No ☐

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

Yes ☐ No ☐

Have you had wax removed from your ears previously?

Yes - microsuction ☐ Yes - other ☐ No ☐

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

Yes ☐ No ☐

Patients Name

Telephone Number

Signature

Date

Does the signature above belong to the patient?

Yes ☐ No ☐

The answers you provide will be stored with other patient data and held as part of your case history. It will only be shared with other medical professionals where it could help with further assessment or treatment.

Earwax Away Telephone 07960 008179