Michigan Department of Community Health  
Division of Family and Community Health  
Hearing Program  

STATISTICAL ANALYSIS -- OTOLOGY CLINIC REPORTS  

Place of Clinic: County: _____________________________ Date of this report: ________________________

Date of Clinic: _____________________ Otologist: ____________________________ Audiologist: ____________

1. **Total Children Attending:**  
(Examined, and for whom reports were made)

   A. School Children: ____________  B. Pre-school Children: ____________  C. Special Ed.: ______________

2. **Total children for whom medical recommendations were made:**  
(Include definitive medical and surgical recommendations, cerumen removal, referral to family or other physician, references to possible future medical intervention, advice concerning noise exposure, recommendations for dental or other medical measures, etc.)

   A. School Children: ____________  B. Pre-school Children: ____________  C. Special Ed.: ______________

3. **Total children for whom non-medical recommendations were made:**  
(Include recommendations made by otologist or audiologist. Include seating suggestions, referral to special education, hearing centers, advice to parents regarding hearing aids; etc.)

   A. School Children: ____________  B. Pre-school Children: ____________  C. Special Ed.: ______________

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### PRIMARY DIAGNOSTIC FINDINGS

(Record **only one** finding per child)

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>PRE-SCHOOL</th>
<th>SPECIAL ED.</th>
<th>TOTAL CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Otitis Media (Middle Ear Fluid with Effusion - Including Serous Suppurative and Adhesive)</td>
<td></td>
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<tr>
<td>2. Cerumen Impaction</td>
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<td>3. T.M. Perforation</td>
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<td>4. Sensorineural Hearing Loss</td>
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<td>5. Mixed Hearing Loss</td>
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<td>6. Other</td>
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<tr>
<td>7. Normal Exam</td>
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</tbody>
</table>

Hearing Program Coordinator/Supervisor Signature_________________________ Date ____________

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**TOTAL CHILDREN:**

This Report must Be Completed at Each Otology Clinic and Be Submitted with the Physician's and Audiologist's Voucher Worksheets for Payment Within 30 Days Following the Clinic.

DCH-0526
(Rev. 1/00)  

Authority: Act 368, P.A., 1978  
Completion of this form is required for payment
INSTRUCTIONS

Only one primary diagnostic finding per child should be recorded on the Statistical Analysis-Otology Clinic Report. The "Total Children" at the bottom of the page is the grand total of #’s 1-7 under "Primary Diagnostic Findings" and must equal "Total Children Attending" in item 1 at the top of the form.

DEFINITION

Special Education Children = Children enrolled in self-contained special education classroom/programs. This category should include all students classified as “special education” but not necessarily enrolled in self-contained special education classrooms.