Ear wax removal treatment note

Patient _____ Date _____

Practitioner _____ Appointment _____

Before the procedure

Consent form reviewed, nothing outstanding

☐ Yes ☐ No

Otoscopy before

Left	Right
☐ Clear	☐ Clear
☐ Partial occlusion	☐ Partial occlusion
☐ Full occlusion	☐ Full occlusion
☐ Not examined	☐ Not examined

Procedure

Method (tick one)

☐ Microsuction ☐ Irrigation ☐ Manual instrumentation ☐ A combination

Wax removed

Left	Right
☐ Fully	☐ Fully
☐ Partially	☐ Partially
☐ None	☐ None
☐ Not treated	☐ Not treated

During the procedure (tick any that apply)

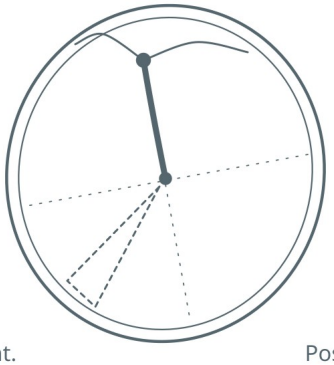
☐ No issues
☐ Dizziness or vertigo
☐ Discomfort or pain
☐ Cough reflex
☐ Minor bleeding
☐ Stopped at the patient's request

After the procedure

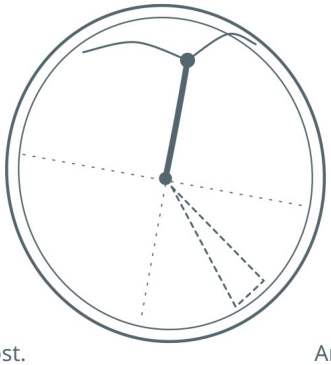
Otoscopy after

Left	Right
☐ Clear	☐ Clear
☐ Partial occlusion	☐ Partial occlusion
☐ Full occlusion	☐ Full occlusion
☐ Not examined	☐ Not examined

Eardrum findings, left
Mark and label: Perforation, Retraction, Inflammation, Other finding.



Eardrum findings, right
Mark and label: Perforation, Retraction, Inflammation, Other finding.



Aftercare

Aftercare advice given verbally and in writing: keep ears dry for [24 hours], avoid cotton buds, and seek advice if pain, discharge, bleeding or sudden hearing loss develops.

Cross out or add to the wording as needed.

Referral or onward advice needed

☐ Yes ☐ No

Notes

Template from praxbook.co.uk. Adapt it to your own practice, training and insurer's requirements before use.