**Information and Consent for Ear Irrigation or Microsuction**

What does Ear Irrigation or Microsuction involve? If you feel you may have ear wax blocking canal and causing hearing impairment or if Audiology asks for ear syringing prior to appointment. Please book a face to face appointment with Nurse Jo or Nurse Heidi so they can review your ears. They will advise you regarding olive oil in order to improve ear wax and if needed they will book you in with our HCA Angie for Ear irrigation or Microsuction. The will also give you a leaflet to read On the day of the procedure Please read the information on the leaflet carefully, and ask if there is anything that you do not understand. Prior to the procedure, you must fill this consent form in online and send it to the practice to add to your notes or print it out and hand in to the Angie.

Top of Form

Name*(Required)*

FirstLast

Date of Birth*(Required)*

Day

Month

Year

Please tick the box below if you are having any of the following symptoms*(Required)*

 I have significant pain in ear

 I have discharge or bleeding from the ear

 I have ringing or tinnitus in my ear

 I have severe sudden deafness or significantly reduced hearing

 I have an object stuck inside my ear

 I think I have an ear infection in my ear at the moment that is still severe

Write down the date of your audiology appointment if you have been asked to get your ears cleaned before your appointment.



Information about you*(Required)*

 YES I am going to travel in the next 2 weeks on an airplane

 YES I have a current ongoing ear infection

 YES I have had previous complications or problems with ear irrigation in the past.

 YES I have undergone ear surgery in the past

 YES I have an ear perforation or have been told that I have an ear perforation in the past

 YES I have an audiology appointment soon and I have been told to get my ears cleared before the appointment.

 No none of the above apply to me

Please tick all the boxes below that apply to you

I can confirm that I have read the leaflet and would like the following procedure*(Required)*

 I would like ear irrigation as a preference

 I would like microsuction as a preference

Consent- I am aware of the potential side effects and complications of the Microsuction and/or ear irrigation that are described below and agree to the procedure.*(Required)*

 I have read the information leaflet and have no further questions.

CAPTCHA

Bottom of Form