Hear4All

Hear4All (2Hearing Ltd, no. 09371277)
3 Bassett Avenue, Southampton SO16 7DP
023 8244 4045 · info@hear4all.org · www.hear4all.org

Earwax removal consent form

Please complete and sign this form **before** your earwax removal.

Your details

Full name _____ Date of birth _____

Address (or care home and room number) _____

Phone _____ Email _____

About your ears

Have you ever had a perforated (burst) eardrum, grommets or ear surgery?	Yes ☐ No ☐
Have you had an ear infection, discharge or ear pain in the last 6 weeks?	Yes ☐ No ☐
Have you had sudden hearing loss, dizziness or vertigo recently?	Yes ☐ No ☐
Do you take blood-thinning medicines (for example warfarin, apixaban, aspirin)?	Yes ☐ No ☐
Have you used olive oil drops or spray for at least 3 days before this appointment?	Yes ☐ No ☐

Preparing your ears: put 2–3 drops of olive oil (or olive oil spray) into the affected ear twice a day for at least 3 days before the appointment. Hard wax may need a week or more. Do not use drops if you have ear pain, discharge or a perforated eardrum. For ear pain, bleeding, fever or sudden hearing loss, contact your GP or NHS 111 the same day.

Services consent

☐ Hearing screening (ear check and basic hearing assessment)

☐ Earwax removal (microsuction)

Risks of earwax removal. Microsuction is generally safe, but it can cause: brief discomfort, noise or dizziness; minor bleeding or soreness of the ear canal; temporary tinnitus or hearing changes; and, rarely, infection or damage to the eardrum. The audiologist may stop or not proceed if it is not safe. Very hard wax may need further visits: the second visit is charged at the full fee, and a third or later visit at 50%.

☐ **I have read and understood these risks and I give my consent to earwax removal despite them.**

Data protection and other consents

☐ I consent to 2Hearing Ltd (Hear4All) holding my personal and clinical information to provide hearing care (see www.hear4all.org/privacy/)

☐ Optional: contact me with updates, care plans and offers

☐ Optional: photos or videos may be used for education, the website and social media

☐ Optional: supervised students may be involved in my care

Signature

I have read this form and the terms at www.hear4all.org/terms/ and agree to the procedure.

Signature _____ Date _____

Name (if signing for someone else) _____ Relationship / Lasting Power of Attorney _____