

EarCareForYou

Consent Form for Earwax removal by Microsuction or Irrigation

Name

D.O.B.....

To assess you safely prior to this procedure please answer the following questions.

Do you have any known allergies Yes No

If yes, please give details below

Have you previously had Ear, Nose or Throat surgery Yes No

Do you have or have had Cleft palate Yes No

Have you had a recent ear infection Yes No

Have you had any ear discharge Yes No

Have you had any recent ear pain Yes No

Have you suffered from a perforated ear drum Yes No

Do you suffer from dizziness, balance problems Yes No

Have you previously had any complications or reactions during or following earwax irrigation or microsuction Yes No

Are you currently taking any blood thinners Yes No

Please list any medications you take on a regular basis

Although Microsuction and Irrigation are relatively safe procedures there are risks as in any procedure.

Every effort is made to ensure that the procedure is carried out safely. Nice guidelines are followed and infection control measures are adhered to at all times.

EarCareForYou accept no liability for any complications following or during the procedure.

Name.....

Signed.....

Date.....