



# AUDIOLOGICAL FOLLOW-UP REPORTING FORM

FOR CHILDREN 0-3 YEARS OLD WHO DID NOT PASS THE NEWBORN HEARING SCREEN  
OR HAVE DELAYED ONSET HEARING LOSS

**FAX TO EHDl AT: 775-684-5998**

NAME OF CHILD: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: MALE  / FEMALE

BIRTH HOSPITAL: \_\_\_\_\_ MOTHER'S LANGUAGE (IF NOT ENGLISH): \_\_\_\_\_

MOTHER'S FIRST AND LAST NAME: \_\_\_\_\_ MOTHER'S DATE OF BIRTH: \_\_\_\_\_

FATHER'S FIRST AND LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

BABY'S PRIMARY CARE PHYSICIAN : \_\_\_\_\_

### TESTING THAT DETERMINED HEARING LEVELS (MARK ALL THAT APPLY)

**ABR:**

- CLICKS
- TONE BURSTS/PIPS
- BONE CONDUCTION

**OAE TEST RESULTS:**

- |                          |                                   |
|--------------------------|-----------------------------------|
| RIGHT                    | LEFT                              |
| <input type="checkbox"/> | <input type="checkbox"/> NORMAL   |
| <input type="checkbox"/> | <input type="checkbox"/> ABNORMAL |

**BEHAVIORAL:**

- VRA
- BOA
- CPA

**TYMPS:**

- |                          |                                   |
|--------------------------|-----------------------------------|
| RIGHT                    | LEFT                              |
| <input type="checkbox"/> | <input type="checkbox"/> NORMAL   |
| <input type="checkbox"/> | <input type="checkbox"/> ABNORMAL |

### HEARING LEVELS BASED ON PTA

- |                          |                                                    |
|--------------------------|----------------------------------------------------|
| RIGHT                    | LEFT                                               |
| <input type="checkbox"/> | <input type="checkbox"/> NORMAL (0-15 dBHL)        |
| <input type="checkbox"/> | <input type="checkbox"/> SLIGHT (16-25 dBHL)       |
| <input type="checkbox"/> | <input type="checkbox"/> MILD (26-40 dBHL)         |
| <input type="checkbox"/> | <input type="checkbox"/> MODERATE (41-55 dBHL)     |
| <input type="checkbox"/> | <input type="checkbox"/> MOD-SEVERE (56 - 70 dBHL) |
| <input type="checkbox"/> | <input type="checkbox"/> SEVERE (71 - 90 dBHL)     |
| <input type="checkbox"/> | <input type="checkbox"/> PROFOUND (91 + dBHL)      |
| <input type="checkbox"/> | <input type="checkbox"/> UNDETERMINED              |

### TYPE OF HEARING LOSS:

- |                          |                                                   |
|--------------------------|---------------------------------------------------|
| RIGHT                    | LEFT                                              |
| <input type="checkbox"/> | <input type="checkbox"/> TRANSIENT CONDUCTIVE     |
| <input type="checkbox"/> | <input type="checkbox"/> PERMANENT CONDUCTIVE     |
| <input type="checkbox"/> | <input type="checkbox"/> SENSORINEURAL            |
| <input type="checkbox"/> | <input type="checkbox"/> MIXED                    |
| <input type="checkbox"/> | <input type="checkbox"/> NEUROPATHY/DYS-SYNCHRONY |
| <input type="checkbox"/> | <input type="checkbox"/> UNDETERMINED             |

### COMMENTS AND RECOMMENDATIONS:

- Additional hearing testing has been scheduled on: \_\_\_\_\_
- Child has been referred to: \_\_\_\_\_
- Per IDEA federal law, child was referred to Nevada Early Intervention Services due to new diagnosis of permanent hearing loss.
- Child is already receiving early intervention services

DATE OF EXAM: \_\_\_\_\_ CHILD MISSED EXAM ON: \_\_\_\_\_ DATE FAXED: \_\_\_\_\_

AUDIOLOGIST: \_\_\_\_\_ OFFICE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Nevada Division of Public and Behavioral Health

**Nevada Early Hearing Detection and Intervention (EHDl)**

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<http://dpbh.nv.gov/Programs/EHDl/EHDl-Home/>