

Diagnostic Hearing Evaluation Form

ALABAMA NEWBORN HEARING PROGRAM

PHONE 334.358.2082 FAX 334.206.3791

Diagnostic testing should be completed before three months of age



NEWBORN'S NAME	DATE OF BIRTH
HOSPITAL OF BIRTH	HOSPITAL ID NUMBER
MOTHER'S OR GUARDIAN'S NAME (as noted per hospital records)	HOME PHONE NUMBER

ADDRESS

TEST SITE

Audiology Provider Name	Phone	Fax
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Address

Before 3 Months	Pediatric Diagnostic Audiology Evaluation	DIAGNOSTIC TEST DATE _____	Please select all that apply. Both ears should be tested at each visit.
		METHOD: <input type="checkbox"/> ABR <input type="checkbox"/> AABR <input type="checkbox"/> OAE <input type="checkbox"/> TEOAE <input type="checkbox"/> DPOAE <input type="checkbox"/> Normal Hearing <input type="checkbox"/> Hearing Loss Confirmed (Please Complete Section Below)	

Before 6 Months	Enrollment in Early Intervention	Date of Referral to EI _____ Enrollment Date _____
		Medical Referral: <input type="checkbox"/> Otolaryngologist <input type="checkbox"/> Geneticist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Other (specify) _____ Additional Audiology Services _____

UNILATERAL LOSS	RIGHT EAR	dB HL	SEVERITY/TYPE	Sensorineural	Conductive*	Mixed	Unspecified	Auditory Neuropathy
		16 to 25	Slight					
26 to 40	Mild							
41 to 55	Moderate							
56 to 70	Moderately Severe							
71 to 90	Severe							
91+	Profound							
	Unknown Severity							
BILATERAL LOSS	LEFT EAR	dB HL	SEVERITY/TYPE	Sensorineural	Conductive*	Mixed	Unspecified	Auditory Neuropathy
		16 to 25	Slight					
26 to 40	Mild							
41 to 55	Moderate							
56 to 70	Moderately Severe							
71 to 90	Severe							
91 +	Profound							
	Unknown Severity							

*Includes fluid in the middle ear, ear infection, poor eustachian tube function, hole in eardrum, earwax, swimmer's ear, foreign body in the ear canal, and malformation of the outer ear, ear canal, or middle ear per the American Speech-Language Hearing Association.

COMMENTS/FOLLOW UP (please add other descriptors associated with hearing loss):

The completed form should be returned as soon as the hearing re-screen/initial diagnostic audiological evaluation is completed. Fax to the Newborn Hearing Screening Program at 334-206-3791.