

 www.vdh.virginia.gov

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**Hearing Screening/Diagnostic Reporting Form**

Return form to: VDH, Virginia EHDI Program, P.O. Box 2448, Richmond, VA 23218 or Fax to (804) 864-7771

**PLEASE INDICATE THE REASON FOR FAXING OR MAILING THIS FORM:**

**󠄀 UNABLE TO FIND CHILD IN VISITS 󠄀 NO ACCESS 󠄀 CHILD BORN OUT-OF-STATE 󠄀 OTHER \_\_\_\_\_\_\_\_\_\_**

 ***Date of Visit* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***A Child Information*** |  |  |  |  |
|  |  |  |  |  |
| Child’s Last Name |  First Name | MI | Gender | Date of Birth |
|  |  |  |  |  |
| ***B Parent/Guardian*** |  |  |  |  |
|  |  |  |
|  Last Name: |  First Name | Relationship to Child |
|  |  |  |  |
| Address |  City/State/Zip Email |  Phone  |
|  |  |  |  |
| ***C Child’s Primary Medical Care*** |  |  |  |  |
|  |  |  |  |  |
| Practice Name | Provider’s Name |
|  |  |  |
| Location |  | Phone |
|  |  |  |  |
| ***D Testing Facility Information*** |  |  |  |  |
|  |  |  |  |  |
| Facility | Location  |
|  |  |  |
| Audiologist Name  |  Phone |  Fax |
|  |  |  |
| ***E. Hearing Test Information*** |  ***Birth Facility* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Reason for Test** □ Initial Screening (missed at Birth Facility or Home Birth) □ Re-screening (failed 1 previous screening)

 □ Diagnostic Evaluation □ Passed with risk (check appropriate risk indicator(s) on page **2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Test Equipment | **□** ABR AC | **□** ABR BC | **□** OAE  |
| **□** ASSR | **□** Tympanometry | **□** Standard Speech Audiometry |
| **□** Conditioned Play Audiometry | **□** Other tests: **□** BOA **□** VRA **□** COR **□** Reflexes |
| Check the appropriate box in each section for each ear**BOTH ears should be tested and ear specific results reported, regardless of any previous test results** |
| Right Ear Results |  | Left Ear Results |
| **□** Hearing Within Normal Limits | □ Pass | **□** Fail | **□** Results Incomplete**□** Next evaluation scheduled:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **□** Hearing Within Normal Limits | □ Pass | **□** Fail  | **□** Results Incomplete**□** Next evaluation scheduled Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **□** Confirmed Hearing loss is**:** Original Dx Date\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Status** | **□** Permanent | **□** Transient  |  | **□** Confirmed Hearing loss is**:** Original Dx Date\_\_\_\_\_\_\_\_\_\_\_\_  | **Status** | **□** Permanent | **□** Transient  |
| **Type** | **□**Conductive | **□** Sensorineural | **□** Mixed | **□** AN/AD | **□** Unknown |  | **Type** | **□**Conductive | **□** Sensorineural | **□** Mixed | **□** AN/AD | **□** Unknown |  |
| **Nature:** | **□** Acquired | **□** Congenital | **□** Unknown |  | **Nature:** | **□** Acquired | **□** Congenital | **□** Unknown |
| **Degree** | **□** Slight16-25dB | **□**Mild26-40dB  | **□** Moderate41-55dB | **□**ModeratelySevere56-70dB  | **□**Severe71-90dB | **□**Profound91 + |  | **Degree** | **□** Slight16-25dB | **□**Mild26-40dB  | **□** Moderate41-55dB | **□**ModeratelySevere56-70dB  | **□**Severe71-90 dB | **□**Profound91 + |

**Original Diagnosis Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does child have a Hearing Device**? **□ Right Ear □ Left Ear □ N/A**

**NOTES/COMMENTS:**

#####  Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#####  Risk Indicators for Progressive or Delayed-Onset Sensorineural and/or Conductive Hearing Loss

* Family history of permanent hearing loss that was present at birth or began in childhood:

|  |
| --- |
| Family members of the child: |
| □ Mother □ Father □ Brother □ Sister □ Grandmother |
| □ Grandfather □ Aunts □ Uncles □ First cousins of the child |
| □ More than one relative of the same parent with hearing loss that began in childhood. |

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□ Stigmata or other findings associated with a syndrome known to include a sensorineural and/or permanent

 conductive hearing loss, or Eustachian tube dysfunction, including

|  |  |
| --- | --- |
| □ Branchio-oto-renal (BOR)  |  □ Trisomy 21 (Down Syndrome) |
| □ CHARGE association |  □ Trisomy 18 (Edwards Syndrome) |
| □ Goldenhar (oculo-auriculo-vertebral or OAV) |  □ Trisomy 13 (Patau's Syndrome) |
| □ Noonan |  □ Trisomy 8 or 9 |
| □ Pierre Robin |  □ Williams |
| □ Rubenstein-Taybi |  □ Zellweger |
| □ Stickler |  |

* Postnatal infections associated with sensorineural hearing loss including

□ Confirmed Meningitis (□ Bacterial or □ Viral)

□ In utero infections such as □ Cytomegalovirus □ Herpes □ Rubella □ Syphilis □ Toxoplasmosis.

|  |  |
| --- | --- |
| **Herpes is YES if**: | **Herpes is NO if**: |
| Diagnosis of neonatal herpes | Active lesion, but Cesarean delivery with no premature rupture of membranes |
| Active lesion at the time of birth, vaginal delivery | No active lesion at birth |
| Active lesion, Cesarean delivery, with premature rupture of membranes |  |

* Neonatal indicators – Check one of the following

□ Intensive care greater than 5 days □ Exposure to ototoxic medications

□ Extracorporeal membrane oxygenation (ECMO) □ Hyperbilirubinemia requiring exchange transfusion

□ Assisted ventilation

□ Syndromes associated with progressive hearing loss such as: □ Neurofibromatosis □ Osteopetrosis

□ Usher syndrome □ Jervell □ Alport □ Waardenburg □ Pendred □ Lange-Nielson

□ Neurodegenerative disorders, such as

□ Hunter syndrome □ Friedreich’s ataxia □ Charcot-Marie-Tooth syndrome.

□ Head trauma requiring hospitalization such as a basal skull/temporal bone fracture.

□ Parental or caregiver concern regarding hearing, speech, language, and or developmental delay.

□ Craniofacial Anomalies (Please Specify)

□ Pinna Deformity □ Temporal Bone Anomalies □ Atresia of the ear or ear canal

□ Choanal Atresia □ Microtia □ Cleft Palate □ Chemotherapy