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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)**

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| 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** | **□**  Slight  16-25dB | | | | **□**  Mild  26-40dB | | **□**  Moderate  41-55dB | | | **□**  Moderately  Severe  56-70dB | | | | **□**  Severe  71-90dB | | | | **□**  Profound  91 + | | |  | | | **Degree** | | **□**  Slight  16-25dB | | | **□**  Mild  26-40dB | | | **□**  Moderate  41-55dB | | | | **□**  Moderately  Severe  56-70dB | | | | **□**  Severe  71-90 dB | | | **□**  Profound  91 + | | |

**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:

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| --- |
| 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