VDH VIRGINIA DEPARTMENT OF HEALTH

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EHDI EARLY HEARING DETECTION AND INTERVENTION

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

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						
☐ Hearing Within Normal Limits	☐ Pass	☐ Fail	☐ Results Incomplete ☐ Next evaluation scheduled: Date:_____			
☐ Confirmed Hearing loss is: Original Dx Date__		**Status**	☐ Permanent	☐ Transient		
Type	☐ Conductive	☐ Sensorineural	☐ Mixed	☐ AN/AD	☐ Unknown	
Nature:		☐ Acquired	☐ Congenital	☐ Unknown		
Degree	☐ Slight 16-25dB	☐ Mild 26-40dB	☐ Moderate 41-55dB	☐ Moderately Severe 56-70dB	☐ Severe 71-90dB	☐ Profound 91 +

Left Ear Results						
☐ Hearing Within Normal Limits	☐ Pass	☐ Fail	☐ Results Incomplete ☐ Next evaluation scheduled Date: _____			
☐ Confirmed Hearing loss is: Original Dx Date__		**Status**	☐ Permanent	☐ Transient		
Type	☐ Conductive	☐ Sensorineural	☐ Mixed	☐ AN/AD	☐ Unknown	
Nature:		☐ Acquired	☐ Congenital	☐ Unknown		
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:

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

☐ 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
☐ Extracorporeal membrane oxygenation (ECMO)
☐ Assisted ventilation
☐ Exposure to ototoxic medications
☐ Hyperbilirubinemia requiring exchange transfusion

☐ 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