Early Hearing Detection & Intervention

EHDI Arkansas

Infant Hearing Diagnostic Test Battery

Reference Info Update

Child Last Name:		**Date of Birth:**	- - 2 0 1
Child First Name:		Sex: M ☐ F ☐	

Contact Information: *Please identify contact as* **Mother** ☐ **Guardian** ☐ **Agency** ☐

Last Name:		**Primary Phone Number**:	
First Name:		- -	
Address Line 1:		**Alternate Phone Number:**	
Address Line 2:		- -	
City:		State:	Zip Code:
Birth Facility Name:		PCP Group:	

Testing Information

Tester Last Name:		Title:	**Test Date:** - - 2 0 1
Clinic Name:		Clinic Number:	- C

Post-Neonatal Risk Factors

- ☐ Caregiver concerns about hearing, speech, language, or developmental delay
- ☐ Physical finding associated with a syndrome involving hearing loss (e.g. white forelock)
- ☐ Neurodegenerative disorder
- ☐ Post-natal infections (e.g. herpes, varicella, meningitis)
- ☐ Head trauma
- ☐ Diagnosed cytomegalovirus (CMV)
- ☐ Chemotherapy

Reason for Evaluation

- ☐ Second opinion
- ☐ Follow up for hearing loss
- ☐ Other risk factors
- ☐ Parent concern
- ☐ Recurrent otitis media
- ☐ Newborn hearing screening
- ☐ Hospital screening (AABR)
- ☐ Hospital screening (OAE)
- ☐ Risk factors for progressive hearing loss
- ☐ Speech delay

Diagnostic Test Battery

Diagnostic Test Battery	Left Ear	Right Ear
Tympanometry	Normal ☐ Abnormal ☐ Could Not Do ☐ Did Not Do ☐ 226 Hz ○ 660 Hz ○ 1000 Hz ○	Normal ☐ Abnormal ☐ Could Not Do ☐ Did Not Do ☐ 226 Hz ○ 660 Hz ○ 1000 Hz ○
OAE DPOAE ☐ TEOAE ☐	Normal ☐ Abnormal ☐ Could Not Do ☐ Did Not Do ☐	Normal ☐ Abnormal ☐ Could Not Do ☐ Did Not Do ☐
ABR Click Air ☐ Click Bone ☐ Toneburst ☐ (NR = No Response) (NT = Not Tested)	Click Air Threshold: dBHL Click Bone Threshold: dBHL Toneburst: 500Hz dBHL NR ☐ NT ☐ 1000Hz dBHL NR ☐ NT ☐ 2000Hz dBHL NR ☐ NT ☐ 4000Hz dBHL NR ☐ NT ☐	Click Air Threshold: dBHL Click Bone Threshold: dBHL Toneburst: 500Hz dBHL NR ☐ NT ☐ 1000Hz dBHL NR ☐ NT ☐ 2000Hz dBHL NR ☐ NT ☐ 4000Hz dBHL NR ☐ NT ☐

Behavioral Testing

Test	Interpretation of Results	Results (dBHL) per Behavioral Threshold (Hz)		Interpretation of Results
		Left Ear (or Bone Conduction, Sound Field)	Threshold	Right Ear
☐ **Air Conduction** ○ Headphones ○ Inserts	Normal ☐ Abnormal ☐ Did Not Test ☐ Could Not Test ☐ Inconclusive ☐			Normal ☐ Abnormal ☐ Did Not Test ☐ Could Not Test ☐ Inconclusive ☐
☐ **Bone Conduction**	Normal ☐ Abnormal ☐ Did Not Test ☐ Could Not Test ☐ Inconclusive ☐	dBHL	250Hz	dBHL
		dBHL	500Hz	dBHL
☐ **Sound Field** ○ Conditioned Play	Normal ☐ Abnormal ☐ Did Not Test ☐ Could Not Test ☐ Inconclusive ☐	dBHL	1000Hz	dBHL
		dBHL	2000Hz	dBHL
☐ **SAT Threshold**	dBHL	dBHL	4000Hz	dBHL
☐ **SRT Threshold**	dBHL	dBHL	8000Hz	dBHL

Diagnosis

Diagnosis	Left Ear	Right Ear
Diagnosis Hearing Loss	Yes ☐ No ☐ Undetermined ☐	Yes ☐ No ☐ Undetermined ☐
Degree of Hearing Loss	☐ Normal (-10--15 dBHL) ☐ Slight (16--25 dBHL) ☐ Mild (26--40 dBHL) ☐ Moderate (41--55 dBHL) ☐ Mod Severe (56--70 dBHL) ☐ Severe (71--90 dBHL) ☐ Profound (91+ dBHL)	☐ Normal (-10--15 dBHL) ☐ Slight (16--25 dBHL) ☐ Mild (26--40 dBHL) ☐ Moderate (41--55 dBHL) ☐ Mod Severe (56--70 dBHL) ☐ Severe (71--90 dBHL) ☐ Profound (91+ dBHL)
Classification of Hearing Loss	Conductive--Fluctuating ☐ Conductive--Permanent ☐ Conductive--Undetermined ☐ Mixed ☐ Neural ☐ Sensorineural ☐	Conductive--Fluctuating ☐ Conductive--Permanent ☐ Conductive--Undetermined ☐ Mixed ☐ Neural ☐ Sensorineural ☐
Evaluation Status	Completed ☐ Could Not Test ☐ Inconclusive ☐ Previously Passed ☐	Completed ☐ Could Not Test ☐ Inconclusive ☐ Previously Passed ☐
Amplification	Hearing Aids: Y ☐ N ☐ Pending ☐	Asst. Devices: Y ☐ N ☐ Pending ☐ / Cochlear Implants: Y ☐ N ☐ Pending ☐
Diagnostic Report	Given/Sent to Parent ☐ Sent to PCP ☐	**Date:** - - 2 0 1

Recommendations and Referrals

- ☐ Further Diagnostic Testing Appt.
- ☐ Further Diagnostic Testing Referral
- ☐ ENT Referral
- ☐ Medical Exam Referral
- ☐ Discharged
- ☐ Hearing Aid Evaluation
- ☐ Speech/Language Referral
- ☐ Vision Referral
- ☐ Genetics Referral
- ☐ Early Intervention Referral

Appt Scheduled with _____ Date: ____/____/____ Time: _____: _____ am pm