

# Report of Audiological Results

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PCP Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Hospital/Facility: \_\_\_\_\_

Audiology Facility doing testing: \_\_\_\_\_ Date of testing: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Person completing report: \_\_\_\_\_ Phone: \_\_\_\_\_

## SCREENING RESULTS

Type of Test:

\_\_\_\_\_ AABR \_\_\_\_\_ OAE \_\_\_\_\_ ABR

Date of Test: \_\_\_\_\_ Right Ear:  Pass  Refer Left Ear:  Pass  Refer

Date of Test: \_\_\_\_\_ Right Ear:  Pass  Refer Left Ear:  Pass  Refer

Date of Test: \_\_\_\_\_ Right Ear:  Pass  Refer Left Ear:  Pass  Refer

Comments: \_\_\_\_\_

## DIAGNOSTIC RESULTS

**Diagnostic ABR:** \_\_\_\_\_ **500** **1000** **2000** **4000 Hz**

Right ear threshold: \_\_\_\_\_ dBnHL \_\_\_\_\_

Left ear threshold: \_\_\_\_\_ dBnHL \_\_\_\_\_

**Degree of hearing loss:**

Normal (-10 to 15)

Slight (16 to 25 dbHL)

Mild (26 to 40 dbHL)

Moderate (41 to 55 dbHL)

Moderately severe (56 to 70 dbHL)

Severe (71 to 90 dbHL)

Profound (91+ dbHL)

**Hearing Loss:**

Unilateral

Bilateral

**Type of Hearing Loss:**

Conductive/Fluctuating conductive

Sensorineural

Mixed

Auditory Neuropathy/Dyssynchrony

Comments: \_\_\_\_\_

## PRE AND POST NATAL RISK FACTORS (Check all that apply)

Birth weight less than 1500 grams (3.3 pounds)

Severe asphyxia: Apgar scores of 0-3 or failed to institute spontaneous respirations by ten (10) min. or hypotonia persisting to two (2) hours

Persistent Fetal Circulation / Persistent Hypertension

Prolonged mechanical ventilation for duration equal to or greater than 10 days

Bacterial Meningitis Haemophilus influenza?  Yes  No

Ototoxic medications including aminoglycosides used more than 5 days (e.g. gentamicin), and loop diuretics (e.g. furosemide).

Hyperbilirubinemia

Congenital or perinatal infections: (check all that apply)

Toxoplasmosis

Cytomegalovirus

Rubella

Syphilis

Herpes Simplex Virus

Other \_\_\_\_\_

Anatomical defects of the head and neck: (Check all that apply)

Down Syndrome

Ear Tags

Microtia/atresia of ear

Cleft lip / Palate

Other \_\_\_\_\_

Family History of Childhood Hearing Impairment

Stigmata or other findings associated with a Syndrome known to include SNHL (e.g. Waardenburg, Ushers)

Other (Please specify): \_\_\_\_\_

Date of Referral to Early Intervention: \_\_\_\_\_ Program: \_\_\_\_\_

Fax completed form to: Newborn Hearing Screening Program, New Mexico Department of Health, Children's Medical Services

Fax: 505-827-5995 Phone: 505-476-8868

Rev 12/2014