NEW MEXICO
DEPARTMENT OF
HEALTH

Public Health Division,
Family Health Bureau,
Children's Medical Services
Early Hearing Detection and
Intervention (EHDI) Program

Report of Audiological/Screening/Diagnostic Results (ROAR)

Securely email or fax completed ROAR to
NMDOH Early Hearing Detection & Intervention (EHDI) Program:
newborn.hearing@doh.nm.gov
Phone: 1-877-890-4692 or Fax: 505-827-5995

Use the ROAR to report screening and diagnostic results for children with a DOB in the current or previous calendar years.

Provide Audiological Report and Cover Sheet (instead of a ROAR) for children up to age 4 when diagnosed with permanent (not fluctuating conductive) hearing loss.

Reporting Date: _____ Birth Hospital/Midwife Practice: _____
Audiologist: _____Practice: _____
Physician: _____ Practice: _____
Child's First and Last Name: _____Child's DOB: _____
Mother's First and Last Name: _____
Parent/Guardian First and Last Name: _____
Address: _____Phone #: _____

Please complete all appropriate sections:
Missed Appointment Date: _____ Next Appointment Date: _____

_____ Middle Ear Dysfunction (Screening/Diagnostic Postponed)
_____ Referral to ENT

ENT Appointment Date: _____ ENT Practice:_____

SCREENING RESULTS:
Screening Date: _____ Type of Screening: _____OAE ____AABR
Right Ear: ___ Pass ___ Refer ___ Atresia/Microtia ___ Unsuccessful Screening
Left Ear: ___ Pass ___ Refer ___ Atresia/Microtia ___ Unsuccessful Screening

DIAGNOSTIC EVALUATION:
Evaluation Date: _____
Type of Evaluation: ____DPOAE/TOAE ____Sedated ABR ____Non-Sedated ABR ____ASSR
____Conditioned Play Audiometry (CPA) ____Visual Reinforcement Audiometry (VRA)

HEARING STATUS:
____Unable to Complete Test (future diagnostics needed)
____Fluctuating Hearing Loss (middle ear dysfunction)
____Confirmed Normal Hearing

Comments:

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Risk Factor Assessment Checklist for Reporting to the EHDI Program:

Joint Committee on Infant Hearing (JCIH) Risk Factors:

Perinatal:

- ☐ Family history* of early, progressive, or delayed onset permanent childhood hearing loss
- ☐ Neonatal intensive care of more than 5 days
- ☐ Hyperbilirubinemia with exchange transfusion regardless of length of stay
- ☐ Aminoglycoside administration for more than 5 days**
- ☐ Asphyxia or Hypoxic Ischemic Encephalopathy
- ☐ Extracorporeal membrane oxygenation (ECMO)*
- ☐ In utero infections, such as herpes, rubella, syphilis, toxoplasmosis, cytomegalovirus (CMV), Zika
- ☐ Birth conditions or findings such as:
    - ☐ Craniofacial malformations including microtia/atresia, ear dysplasia, oral facial cleft lip/cleft palate, white forelock, and microphthalmia
    - ☐ Congenital microcephaly, congenital or acquired hydrocephalus
    - ☐ Temporal bone abnormalities
    - ☐ Syndromes*** associated with hearing loss or progressive or late-onset hearing loss (see HereditaryHearingLoss.org) that include:
        - ☐ Alport
        - ☐ Goldenhar
        - ☐ Treacher-Collins,
        - ☐ CHARGE
        - ☐ Waardenburg
        - ☐ Trisomy 21
        - ☐ BOR

Comments:

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Perinatal/Postnatal:

- ☐ Culture-positive postnatal infections associated with sensorineural hearing loss***, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis, or encephalitis.
- ☐ Events associated with hearing loss:
    - ☐ Significant head trauma, especially basal skull/temporal bone fractures
    - ☐ Chemotherapy*
- ☐ Caregiver concern**** regarding hearing, speech, language, or developmental delay

Comments:

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* Infants at increased risk of delayed onset or progressive hearing loss
**Infants with toxic levels or with a known genetic susceptibility remain at risk
***Syndromes (Van Camp & Smith, 2016)
****Parental/caregiver concern should always prompt further evaluation.