

EARLY HEARING DETECTION AND INTERVENTION (EHDI) PROGRAM Diagnostic Reporting Form

The primary mechanism for reporting audiologic test results is the Oregon Early Hearing Detection and Intervention Information System (EHDI-IS). Any audiologist who serves children under three years of age is eligible for a secure EHDI-IS account. Faxing audiologic test results is acceptable only in cases when access to the online data system is unavailable: **971-673-0251**.

Child's Name (Last, First): Sex: Male Date of Birth: / Birth Facility:				Parent/Guardian Name (Last, First): Primary Language in the Home:					
								Medical Record Numb	
Primary Health Care P	City/State/Zip: Parent Phone Number: () -								
	Trinary nearth care r tovider.								
Primary Health Care P	Primary Health Care Provider Phone Number:								
Date of Evaluation: _ Facility: Examiner:	/		No s	show / (U N	escheduled (Dat Inable to contact Ioved out of state Refused	,		
		Left Ear				Right Ear			
Tympanometry	Normal	Abnormal	CNT/	/DNT	Normal	Abnormal	CNT/DNT		
OAE	Normal	Abnormal	CNT/	/DNT	Normal	Abnormal	CNT/DNT		
AABR	Normal	Abnormal	CNT/		Normal	Abnormal	CNT/DNT		
ABR	Normal	Abnormal	CNT/		Normal	Abnormal	CNT/DNT		
Behavioral	Normal	Abnormal	CNT/	/DNT	Normal	Abnormal	CNT/DNT		
Normal Hearing:	Left				Right				
Hearing Loss:*	Left: <i>Type:</i>		Right: <i>Type:</i>						
	Sensorineural			Sensorineural					
	Auditory Neuropathy Auditory Neuropathy								
Fluctuating Conductiv Permanent Conductiv			ve			Fluctuating Conductive			
					Р	Permanent Conductive			
	Mixed			Mixed					
	Degree:			Degree:					
	-10 to 15 dB HL (Normal)			-10 to 15 dB HL (Normal)					
	16 to 25 dB HL (Slight) 26 to 40 dB HL (Mild)			16 to 25 dB HL (Slight) 26 to 40 dB HL (Mild)					
		o 55 dB HL (Mild)	rata)	41 to 55 dB HL (Moderate)					
		o 70 dB HL (Mode	,	vere)		56 to 70 dB HL (Moderately Severe)			
71 to 90 dB HL (Seve			•			71 to 90 dB HL (Severe)			
	91+ dB HL (Profound)					91+ dB HL (Profound)			
Not Yet Determined:	Left	× - /			Right	,	<i>,</i>		
Recommendations:									

Further evaluation needed. Date: _____ Return following medical evaluation: Date: _____ No further EHDI contact needed Other: _____

*Early Intervention referral:	Yes	No
*Guide By Your Side program referral:	Yes	No
*Family Resource Guide provided:	Yes	No
*Hearing aid evaluation (including ENT		
evaluation for medical clearance):	Yes	No