

## Diagnostic Audiology Reporting Form

Oregon audiologists reporting test results for children under 36 months of age must report them through the Oregon EHDI-IS. To request access to this database, go to [healthoregon.org/ehdi](http://healthoregon.org/ehdi). If EHDI-IS is unavailable, fax this form or an audiology report to **971-673-0251**.

### Patient Information

Child's Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male Other  
 Address, City, State: \_\_\_\_\_  
 Mother/Parent Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Birth Facility Name: \_\_\_\_\_ Birth Location: Home Birth Hospital Birthing Center  
 Primary Care Provider Name/Practice: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### Risk Factors (select all that apply)

- Family history of permanent hearing loss present at birth or starting in childhood
- Admission to NICU for more than 5 days
- In-utero infection (e.g., CMV, Zika, herpes, toxoplasmosis)
- Culture-positive postnatal infection (e.g., meningitis, herpes)
- Craniofacial anomaly (e.g., ear pit/tag, cleft lip/palate, aural microtia/atresia)
- Syndrome associated w/ hearing loss (e.g., CHARGE, Waardenburg, Trisomy 21, Long QT)
- Neurodegenerative disorder (e.g., Hunter Syndrome, Charcot-Marie-Tooth Syndrome)
- None**

### Appointment Details

Date of Evaluation: \_\_\_\_\_ Audiologist: \_\_\_\_\_ Clinic Name, City: \_\_\_\_\_

Test Type	Left Ear		Right Ear			
Tympanometry	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT
OAE	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT
A-ABR	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT
ABR	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT
Behavioral	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> CNT/DNT
	Overall Findings		Degree	Overall Findings		Degree
	<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Sensorineural	<input type="checkbox"/> Normal	<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Sensorineural	<input type="checkbox"/> Normal
	<input type="checkbox"/> Auditory Neuropathy	<input type="checkbox"/> Fluctuating Conductive	<input type="checkbox"/> Slight	<input type="checkbox"/> Auditory Neuropathy	<input type="checkbox"/> Fluctuating Conductive	<input type="checkbox"/> Slight
	<input type="checkbox"/> Permanent Conductive	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mild	<input type="checkbox"/> Permanent Conductive	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mild
	<input type="checkbox"/> Not Yet Determined		<input type="checkbox"/> Moderate	<input type="checkbox"/> Not Yet Determined		<input type="checkbox"/> Moderate
			<input type="checkbox"/> Moderately Severe			<input type="checkbox"/> Moderately Severe
			<input type="checkbox"/> Severe			<input type="checkbox"/> Severe
			<input type="checkbox"/> Profound			<input type="checkbox"/> Profound

### Next Steps

- Scheduled Further Evaluation (Date: \_\_\_\_\_)
- No Further Testing Needed
- Referred to Another Audiologist (Who/Where: \_\_\_\_\_ When: \_\_\_\_\_)
- Referred for Medical Evaluation (Who/Where: \_\_\_\_\_ When: \_\_\_\_\_)
- Referred to Early Intervention, Guide By Your Side program, Public Health Nursing (for Deaf/Hard of Hearing only)

### Notes