

Diagnostic Hearing Evaluation Results

Phone: 405-426-8220, Option 1 Fax 405-900-7554

Email: OSDH.newbornhearing@health.ok.gov

Dear Clinician: Please complete the form in its entirety and return to the email address above or fax. (Instructions provided on the back)

Child's first name: _____ Child's last name: _____

Child's date of birth:			If multiple birth, birth order (A-H):		
Mom's first n	ame:	Mom's	Mom's last name:		
Mom's phone	e number:	Pedia	Pediatrician:		
Family addre	ess:				
In foster	Street Address following apply: care/adopted? of state?	If yes, biologic moms name (if known): If yes, what state (if known):			
Rigi		ght Ear	Left Ear		
Test(s)	Degree	Туре	Degree	Type	
ABR ASSR Sedated ABR OAEs BOA VRA CPA Standard Audiometry Other	Normal Slight Mild Moderate Moderately- Severe Severe Profound Unknown	Sensorineural Permanent Conductive Transient Conductive Mixed ANSD Unknown	Normal Slight Mild Moderate Moderately- Severe Severe Profound Unknown	Sensorineural Permanent Conductive Transient Conductive Mixed ANSD Unknown	
Referrals		Audiology Next Steps			
ENT: Genetics: Other:		Next appointment: Hearing Aid Fitting: _	BAI Fittin	Implant: g:	
Early	Part C	Currently Enrolled		Not enrolled	
Intervention:	Non-Part C	Currently Enrolled	l Referred	Not enrolled	
Risk Factors Other/Comments:					
Signature: Clinic/Hospital:					
Printed Name:		Date: _			



INSTRUCTIONS FOR USE:

- Complete top portion with all information that is available
- Check all tests utilized and test results for both ears
- If diagnosed hearing loss, check type and degree of hearing loss
- If referrals were made, please mark any that made
- If follow up testing was scheduled, please list the date
- If intervention was recommended or the child is currently enrolled, please check all that apply
- Include date of amplification, if applicable
- List any risk factors (see table below) if applicable or any other comments

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Risk Factor	Diagnostic evaluation completed by	Monitoring Frequency
Family history	By 9 months of age	Based on etiology of family history of hearing loss and/or caregiver concern
NICU of greater than 5 days	By 9 months of age	As per concerns
Hyperbilirubinemia with exchange transfusion	By 9 months of age	As per concerns
Aminoglycoside administration for more than 5 days	By 9 months of age	As per concerns
Asphyxia or HIE	By 9 months of age	As per concerns
In utero infections (herpes, rubella. Syphilis, toxoplasmosis)	By 9 months of age	As per concerns
Craniofacial anomalies	By 9 months	As per concerns
Certain Syndromes associated with hearing loss	By 9 months	As per concerns or per syndrome recommendations
ЕСМО	By 3 months of age	Every 12 months till school age
CMV	By 3 months of age	Every 12 months till age 3
Encephalitis	By 3 months of age	Every 12 months till school age
Head trauma	No later than 3 months after occurrence	According to findings or continued concerns
Chemotherapy	No later than 3 months after occurrence Ideal to have a diagnostic before first chemotherapy as well	According to findings or per specialist recommended ototoxic monitoring protocol
Caregiver concern	Immediate referral	According to findings or continued concerns
Bacterial Meningitis	Immediate referral	Every 12 months till school age