IDAHO SOUND BEGINNINGS - RESULTS OF DIAGNOSTIC AUDIOLOGICAL EVALUATION

BABY'S NAME:_____ **M( ) F( ) DATE OF BIRTH :**_____

Mother's last name (if different from baby):_____ **BIRTH HOSPITAL:**_____

DIAGNOSIS : **DATE OF DIAGNOSTIC EVALUATION:**_____

Type of Loss:	Right	Left		Right	Left	**Degree of Loss**:	Right	Left
Normal Hearing -	____	____	Undetermined	_____	_____	Normal -	____	____
Conductive Loss -	____	____	Not Required	_____	_____	Mild -	____	____
Sensorineural Loss -	____	____				Moderate -	____	____
Mixed Loss -	____	____				Severe -	____	____
Central Loss - (e.g.-Auditory Neuropathy)	____	____				Profound -	____	____

RESULTS:

ABR: Click – Wave V dBnHL

Air - Right_____ Left_____

Bone - Right_____ Left____

ABR: Tone – (kHz)	.5	1	2	4
Air – Right	____	____	____	____
- Left	____	____	____	____
Bone – Right	____	____	____	____
- Left	____	____	____	____

TYMPANOMETRY: Hz-_____

Type - Right_____

(e.g. A) Left _____

OAE:	Right	Left	
TEOAE_____	____	____	Pass
DPOAE_____	____	____	Refer
	____	____	Could not test
	____	____	Not Required

BEHAVIORAL: BOA_____, VRA_____, CPA_____.

(kHz) -	.5	1	2	3	4	6	8	- **Speech**	
Right	___	___	___	___	___	___	___	___	(dBnHL)
Left	___	___	___	___	___	___	___	___	(dBnHL)
Sound Field	___	___	___	___	___	___	___	___	(dBnHL)
Bone	___	___	___	___	___	___	___	___	(dBnHL)

RECOMMENDATIONS:

___Medical Follow-up

___ENT Consult/Clearance

___Referred to ID Hands & Voices (800) 433-1323

___ID Infant Toddler/Early Intervention Services (800) 926-2588

___Audiological Re-Evaluation and/or Monitoring -
(if yes) When/How often? _____

___Amplification

___Genetic Counseling

___NONE

COMMENTS:

RESULTS COMMUNICATED TO: ___Child's Physician ___ Idaho Infant Toddler Program

___ISDB (School for the Deaf/Blind) ___Other_____

_____ _____ _____

Audiologist Signature Clinic Name Phone / Fax

_____ _____

Address City State Zip e-mail

Audiologist: Return this form with your report within 10 days of referral date to:

Idaho Sound Beginnings (EHDI) Project
1720 Westgate Dr., Suite A Boise, ID 83704

PHONE: (208) 334-0983, (800) 433 –1323 **or FAX: (208) 334-0952**