

**EARLY HEARING DETECTION AND INTERVENTION**

**Nebraska Newborn Hearing Screening Program  
Audiologic Screening and Diagnostic Report Form**

Infant's Name: \_\_\_\_\_ Date of Birth: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Mother's Name: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Birth Hospital: \_\_\_\_\_

Inpatient Hearing screening results:  OAE  ABR - Right ear  Pass  Refer Left ear  Pass  Refer

Screening/Evaluation Information: Audiology Facility: \_\_\_\_\_ Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Audiologist: \_\_\_\_\_

**ALWAYS rescreen both ears - ABR required on NICU graduates**

**OAE Screening Results:**

**Tympanometry Results:**

Left Ear  Pass Right Ear:  Pass Left Ear  Normal Right Ear:  Normal  
 Refer  Refer  Abnormal  Abnormal  
 Not Tested  Not Tested  Not Tested  Not Tested

Ugrve'vo gjf qf \*u< "\*\*\*\*\*Diagnostic ABR \*\*\*\*\*ABR Screening \*\*\*\*\*Behavioral (VRA, CPA)

<i>Left Ear</i>		<i>Right Ear</i>	
<input type="checkbox"/> Normal Hearing	<input type="checkbox"/> Conductive	<input type="checkbox"/> Normal Hearing	<input type="checkbox"/> Conductive
<input type="checkbox"/> Mild (21-40 dB HL)	<input type="checkbox"/> Sensorineural	<input type="checkbox"/> Mild (21-40 dB HL)	<input type="checkbox"/> Sensorineural
<input type="checkbox"/> Moderate (41-70 dBHL)	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate (41-70 dBHL)	<input type="checkbox"/> Mixed
<input type="checkbox"/> Severe (71-90 dB HL)	<input type="checkbox"/> Undetermined	<input type="checkbox"/> Severe (71-90 dB HL)	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Profound (91+ dB HL)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Profound (91+ dB HL)	<input type="checkbox"/> Permanent
<input type="checkbox"/> Auditory Neuropathy	<input type="checkbox"/> Transient	<input type="checkbox"/> Auditory Neuropathy	<input type="checkbox"/> Transient
	<input type="checkbox"/> Fluctuating		<input type="checkbox"/> Fluctuating
	<input type="checkbox"/> Undetermined		<input type="checkbox"/> Undetermined

Notes: \_\_\_\_\_

**Disposition:**

Screening/Evaluation results provided to infant's Primary Care Provider:  Yes  No

Additional Screening/Evaluation: Audiology Facility: \_\_\_\_\_ Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Hearing Aid(s)  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Received (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Cochlear Implant(s)  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Received (\_\_\_\_/\_\_\_\_/\_\_\_\_)

FM System  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Received (\_\_\_\_/\_\_\_\_/\_\_\_\_)

ENT Evaluation  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Received (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Genetic Evaluation  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Received (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Ophthalmology Evaluation  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Received (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Early Development Network  Recommended (\_\_\_\_/\_\_\_\_/\_\_\_\_)  Receiving (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Discussed communication options:  Yes  No

Other: \_\_\_\_\_

*Mail or fax to:*

Nebraska Early Hearing Detection and Intervention Program  
P.O. Box 95026  
Lincoln, NE 68509-5026

Fax 402-742-2395  
Phone 402-471-3579  
DHHS.NEEHDI@nebraska.gov