Iowa's Early Hearing Detection and Intervention Diagnostic Reporting Form

Results must be reported within 6 days of the hearing assessment in the EHDI database

PATIENT INFORMATION

Child's name (last, first): | Date of birth: | Gender: ☐ Female ☐ Male

Address, City, State, Zip: | Email:

Mother's name (last, first): | Mother's phone: ☐ Cell ☐ Home

Caregiver's name/relationship/phone (if different): | Language in home:

Hospital/Place of Birth: | Nursery: ☐ Well-Baby ☐ NICU

Primary Care Provider (PCP):

RISK FACTORS

☐ None	☐ Congenital CMV	☐ Chemotherapy	☐ Head injury	☐ Exchange transfusion for elevated bilirubin
☐ Congenital infection	☐ NICU > 5 days	☐ Meningitis	☐ Syndrome (herpes, syphilis)	☐ Aminoglycosides for > 5 days
☐ Family history of hearing loss	☐ Craniofacial anomalies	☐ ECMO	☐ Asphyxia or HIE	

ASSESSMENT RESULTS *Important: Test both ears and do not delay complete audiological diagnosis due to middle ear fluid

Date of service: | Audiologist: | Clinic Name, City:

SCREENING OR DIAGNOSTIC RESULTS

✓ ALL THAT APPLY	LEFT EAR	RIGHT EAR
☐ AABR (screening)	○ Pass ○ Refer ○ Inconclusive ○ Not Done	○ Pass ○ Refer ○ Inconclusive ○ Not Done
☐ DPOAE	○ Pass ○ Refer ○ Inconclusive ○ Not Done	○ Pass ○ Refer ○ Inconclusive ○ Not Done
☐ TEOAE	○ Pass ○ Refer ○ Inconclusive ○ Not Done	○ Pass ○ Refer ○ Inconclusive ○ Not Done
Tympanometry ☐ 226 Hz ☐ 1000 Hz	☐ Peak ☐ Rounded ☐ No Peak ☐ Lg. Volume	☐ Peak ☐ Rounded ☐ No Peak ☐ Lg. Volume
☐ Acoustic Reflex	☐ Normal ☐ Elevated ☐ Absent	☐ Normal ☐ Elevated ☐ Absent

DIAGNOSIS

	Left Degree	Left Type	Right Degree	Right Type
☐ ABR	☐ Normal	☐ Normal	☐ Normal	☐ Normal
☐ ASSR	☐ Slight	☐ Sensorineural	☐ Slight	☐ Sensorineural
☐ VRA	☐ Mild	☐ Perm. Conductive	☐ Mild	☐ Perm. Conductive
☐ Play	☐ Moderate	☐ Transient Conductive	☐ Moderate	☐ Transient Conductive
☐ Conv. Audiometry	☐ Mod. Severe	☐ Mixed	☐ Mod. Severe	☐ Mixed
	☐ Severe	☐ ANSD	☐ Severe	☐ ANSD
	☐ Profound	☐ Undetermined	☐ Profound	☐ Undetermined

REFERRALS AND APPOINTMENTS ✓ ALL THAT APPLY IF KNOWN

☐ EARLY ACCESS Date of referral:		☐ Audiology	Appointment date:
☐ EHDI Family Support Date of referral:		☐ Otolaryngology	Appointment date:
☐ Other Family Support (specify):		☐ Genetic evaluation	Appointment date:
☐ Other (specify):		☐ Ophthalmology	Appointment date:

NOTES

For more information on reporting, refer to the Iowa EHDI website https://www.idph.iowa.gov/ehdi or contact ccid@idph.iowa.gov