

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:	Sex:	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	Syndrome	Exchange transfusion for elevated bilirubin
Congenital infection	NICU > 5 days	Meningitis	Herpes, syphilis	
Family history of hearing loss	Craniofacial anomalies	ECMO	Asphyxia or HIE	Aminoglycosides for >5 days
		Head injury		

Assessment Results

*** Important: Test both ears and do not delay complete audiologist diagnosis due to middle ear fluid.**

Date of service:	Audiologist:	Clinic Name, City:
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Check All that Apply

AABR (screening)	Tympanometry	226 Hz	1000 Hz
DPOAE	Acoustic Reflex		
TEOAE			

Screening or Diagnostics Results	Left Ear				Right Ear			
	Pass	Refer	Inconclusive	Not Done	Pass	Refer	Inconclusive	Not Done
	Pass	Refer	Inconclusive	Not Done	Pass	Refer	Inconclusive	Not Done
	Pass	Refer	Inconclusive	Not Done	Pass	Refer	Inconclusive	Not Done
	Peak	Rounded	No Peak	Lg. Volume	Peak	Rounded	No Peak	Lg. Volume
	Normal	Elevated	Absent		Normal	Elevated	Absent	
	Left Degree		Left Type		Right Degree		Right Type	
	ABR	Diagnosis	Normal	Normal	Normal	Normal	Normal	
			Slight	Sensorineural	Slight	Sensorineural	Sensorineural	
			Mild	Perm.	Mild	Perm.	Perm.	
			Moderate	Conductive	Moderate	Conductive	Conductive	
			Mod. Severe	Transient	Mod. Severe	Transient	Transient	
			Severe	Conductive	Severe	Conductive	Conductive	
			Profound	Mixed	Profound	Mixed	Mixed	
	Conv. Audiometry			ANSD			ANSD	
				Undetermined			Undetermined	

Referrals and Appointment	Check All That Apply if Known
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EARLY ACCESS	<u>Date of referral:</u>	Audiology	Appointment date:
EHDI Family Support	<u>Date of referral:</u>	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://hhs.iowa.gov/programs/programs-and-services/ehdi> or contact ccid@hhs.iowa.gov