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: ____

Screening/Evaluation Information: Audiology Facility:______________________Date:(_____/_____/_____)

Audiologist:____

OAE Screening Results:
Left Ear ☐ Pass ☐ Refer ☐ Not Tested
Right Ear: ☐ Pass ☐ Refer ☐ Not Tested

Tympanometry Results:
Left Ear ☐ Normal ☐ Abnormal ☐ Not Tested
Right Ear: ☐ Normal ☐ Abnormal ☐ Not Tested

Circle one: **ABR** | **ABR Screening** | **Behavioral (VRA, CPA)** (If filling out form electronically, choose from the drop down box)

Left Ear		*Right Ear*	
☐ Normal Hearing ☐ Mild (21-40 dB HL) ☐ Moderate (41-70 dBHL) ☐ Severe (71-90 dB HL) ☐ Profound (91+ dB HL) ☐ Auditory Neuropathy	☐ Conductive ☐ Sensorineural ☐ Mixed ☐ Undetermined ☐ Permanent ☐ Transient ☐ Fluctuating ☐ Undetermined	☐ Normal Hearing ☐ Mild (21-40 dB HL) ☐ Moderate (41-70 dBHL) ☐ Severe (71-90 dB HL) ☐ Profound (91+ dB HL) ☐ Auditory Neuropathy	☐ Conductive ☐ Sensorineural ☐ Mixed ☐ Undetermined ☐ Permanent ☐ Transient ☐ Fluctuating ☐ 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:
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Phone 402-471-3579
DHHS.NEEHDI@nebraska.gov