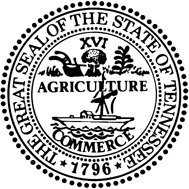
**\*\*This form must be completed in full. Please do not send charts, narratives, and/or diagrams as they will be returned\*\***

Tennessee Department of Health **Newborn Screening Follow Up Program** 1st Floor, R.S. Gass Building

630 Hart Lane, Nashville, Tennessee 37243

Phone (855) 202-1357 Fax (615) 532-8555

Audiology Hearing Screen and/or Diagnostic Evaluation Results

Child’s Last Name First Name Middle Name Gender (Twin: A or B) Date of Birth

Birth Mother’s Last Name First Name Maiden Name **State Lab TDH#**

Address City State/Zip Phone

Primary Care Provider Full Name Phone Foster Parent Name if Applicable Birth Hospital Name: City/State:

Date of Evaluation: / /

**Type of Evaluation:** □ABR/AABR □OAE □Tymp/Reflex □ASSR □Behavioral

Mark: **Initial Screen** □ **Follow-Up Screen** □ **Diagnostic** □ (provide Diagnostic results at bottom of page)

**Results: R**: □Pass □Refer **L:** □Pass □Refer

Only mark one box below:

* Results are **INCONCLUSIVE**
* Probable Acute Fluctuating Conductive HL- No TDH Referrals needed at this time

Re-Evaluate on: / /

**NOTE:** If hearing loss is marked below, **referrals for TEIS, CSS and Family Support WILL BE MADE.**

* **Diagnostic Results:** Normal Limits (0-15dB) □**R** □**L or** Hearing Loss □**R** □**L** (if HL provide degree and type)

If Hearing Loss, Degree (please mark): If Hearing Loss, Type (please mark):

Slight (16-25dB) □**R** □**L** Unspecified HL □**R** □**L** Mild (26-40dB) □**R** □**L** Chronic Fluctuating Conductive HL □**R** □**L** Moderate (41-55dB) □**R** □**L** Permanent Conductive HL □**R** □**L** Moderately Severe (56-70dB) □**R** □**L** Mixed HL □**R** □**L** Severe (71-90dB) □**R** □**L** Sensorineural HL (including Fluctuating) □**R** □**L** Profound (91+dB) □**R** □**L** Auditory Neuropathy/Dyssynchrony □**R** □**L**

Comments/Follow-Up: Facility/Provider Name: Phone: Facility/Provider Address: **Risk Factors: (see below, check all that apply)**

* 1
* 2
* 3
* 4
* 5
* 6
* A

□ B □ C

1. Chemotherapy
2. Assisted ventilation

* D
* E
* F

1.

2.

3.

4.

NICU > 5 days

Syndrome associated with progressive or late onset HL Family history of permanent childhood hearing loss

Craniofacial anomalies including those that involve the pinna, ear canal, ear tags, ear pits or temporal bone anomalies

In-utero infections such as CMV, Herpes, Rubella, Syphilis, & Toxoplasmosis ECMO

1. Ototoxic medications or loop diuretics
2. Hyperbilirubinemia requiring exchange transfusion E.

5.

6.

F.

Physical findings such as white forelock associated with syndromes known to

include SNHL or permanent conductive HL

Postnatal culture-positive infections associated with SNHL, including confirmed bacterial and viral (especially Herpes and Varicella), meningitis

Please COMPLETELY FILL OUT THIS FORM and fax to the Newborn Screening Program at 615-532-8555