



## Hearing Screening Results

Phone: 405-426-8220, Option 1

Fax 405-900-7554

Email: [OSDH.newbornhearing@health.ok.gov](mailto:OSDH.newbornhearing@health.ok.gov)

Dear Clinician: *Please complete the form in its entirety and return to the email address above or fax. (Instructions provided on the back)*

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ If multiple birth, birth order (A-H): \_\_\_\_\_

Mom's first name: \_\_\_\_\_ Mom's last name: \_\_\_\_\_

Mom's phone number: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

Family address: \_\_\_\_\_

Street Address City State Zip code

**Do any of the following apply:**

In foster care/adopted? \_\_\_\_\_ If yes, biologic moms name (if known): \_\_\_\_\_

Born out of state? \_\_\_\_\_ If yes, what state (if known): \_\_\_\_\_

Mark Results for All Tests Utilized	AABR (Screening)	RIGHT EAR			LEFT EAR		
		Pass	Refer (did not pass)		Pass	Refer (did not pass)	
	DPOAE/TEOAE	Pass	Refer (did not pass)		Pass	Refer (did not pass)	
	Pure Tones (A refer at 20 dB tone at any frequency in either ear constitute a does not pass overall)	Pass	Refer (did not pass)		Pass	Refer (did not pass)	
		1000 Hz	2000 Hz	4000 Hz	1000 Hz	2000 Hz	4000 Hz
		<i>Please use a + for passed frequencies and a - for did not pass</i>			<i>Please use a + for passed frequencies and a - for did not pass</i>		
	Tympanometry 226 Hz 1000 Hz (Sample criteria on reverse side if needed)	Pass	Refer (did not pass)		Pass	Refer (did not pass)	
		ECV	Admittance	Pressure	ECV	Admittance	Pressure
		Table can be used to record tympanometry values if needed			Table can be used to record tympanometry values if needed		

<b>Recommendations</b>	Rescreen: Date: _____ Audiology Referral: _____	PCP Follow Up: _____ Other (please specify) _____
<b>Risk factors / Comments</b>		

Signature: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for use:**

- Complete top portion with all information that is available
- Indicate pass or refer *for each ear for each test* performed
- If repeat screening was scheduled or if recommendations were made, please mark any that apply
- List any risk factors (see table below) applicable or any other comments

**Sample Protocol (or utilize clinics protocol):**

	OAE Refer	OAE Passed
<b>Tympanometry Refer</b>	<ul style="list-style-type: none"> <li>• Refer to physician, rescreen in 4-6 weeks</li> <li>• If the child refers on the second screen, refer to an audiologist at that time</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to physician, rescreen in 4-6 weeks.</li> <li>• Even if the child continues to refer only tympanometry, refer to an audiologist</li> </ul>
<b>Tympanometry Pass</b>	<ul style="list-style-type: none"> <li>• Refer to an audiologist</li> </ul>	<ul style="list-style-type: none"> <li>• Rescreen annually while receiving services</li> <li>• Refer to table for children “at risk” for other monitoring frequencies</li> </ul>

Tympanometry Pass	Tympanometry Refer
<ul style="list-style-type: none"> <li>• Ear canal volume of 0.2 mmho through 1.8 mmho</li> <li>• Admittance peak of 0.3 mmho through 1.8 mmho</li> <li>• Pressure peak of +100 daPa through -190 daPa</li> </ul>	<ul style="list-style-type: none"> <li>• Ear canal volume of &lt; than 0.3?0.2 mmho</li> <li>• Ear canal volume &gt;1.8mmho and no history of tubes</li> <li>• Admittance peak</li> </ul>

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Risk Factor	Diagnostic evaluation	Monitoring Frequency
<b>Family history</b>	By 9 months of age	Based on etiology of family history of hearing loss and/or caregiver concern
<b>NICU of greater than 5 days</b>	By 9 months of age	As per concerns
<b>Hyperbilirubinemia with exchange transfusion</b>	By 9 months of age	As per concerns
<b>Aminoglycoside administration for more than 5 days</b>	By 9 months of age	As per concerns
<b>Asphyxia or HIE</b>	By 9 months of age	As per concerns
<b>In utero infections (herpes, rubella, syphilis, toxoplasmosis)</b>	By 9 months of age	As per concerns
<b>Craniofacial anomalies</b>	By 9 months	As per concerns
<b>Certain Syndromes associated with hearing loss</b>	By 9 months	As per concerns or per syndrome recommendations
<b>ECMO</b>	By 3 months of age	Every 12 months till school age
<b>CMV</b>	By 3 months of age	Every 12 months till age 3
<b>Encephalitis</b>	By 3 months of age	Every 12 months till school age
<b>Head trauma</b>	No later than 3 months after occurrence	According to findings or continued concerns
<b>Chemotherapy</b>	No later than 3 months after occurrence	According to findings or per specialist recommended ototoxic monitoring protocol <i>Ideal to have a diagnostic before first chemotherapy as well</i>
<b>Caregiver concern</b>	<b>Immediate referral</b>	According to findings or continued concerns
<b>Bacterial Meningitis</b>	<b>Immediate referral</b>	Every 12 months till school age