

## California Newborn Hearing Screening Program Diagnostic Audiologic Evaluation Reporting

**Please complete all relevant information and submit within 7 days of child’s Diagnostic Audiologic Evaluation. Incomplete forms will be returned.**

Acronyms defined: AKA-Also Known As, WBN-Well Baby Nursery, NICU-Neonatal Intensive Care, SNHL-Sensorineural Hearing Loss, CHL-Conductive Hearing Loss, ENT-Ear, Nose, and Throat specialist, CCS-California Children's Services, SAR-Service Authorization Request, OAE-Otoacoustic Emissions

Infant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AKA: \_\_\_\_\_

What sex is listed on infant's birth certificate: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Birth Hospital: \_\_\_\_\_ WBN NICU

Family Language: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Primary Care Provider (PCP): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Test Results: Diagnostic evaluations should be completed as per the California Infant Audiology Assessment Guidelines and the Joint Committee on Infant Hearing Year 2019 Position Statement.**

		Right	Left
<b>Test Results</b>	<b>Average/ Estimated Hearing Level (500-4kHz)</b>	Normal -10-15 dB Slight 16-25 dB Mild 26-40 dB Moderate 41-55 dB Moderately-Severe 56-70 dB Severe 71-90 dB Profound 91+ dB	Normal -10-15 dB Slight 16-25 dB Mild 26-40 dB Moderate 41-55 dB Moderately-Severe 56-70 dB Severe 71-90 dB Profound 91+ dB
	<b>Type of Hearing Loss</b> <i>Leave blank if hearing is normal</i>	SNHL CHL permanent transient Mixed Auditory Neuropathy/ Dys-synchrony Undetermined/testing not completed next apt* : _____	SNHL CHL permanent transient Mixed Auditory Neuropathy/ Dys-synchrony Undetermined/testing not completed next apt*: _____

\*Should be scheduled ASAP. Program goals include diagnosis of hearing loss by 3 months of age and entry into Early Intervention services by 6 months.

### California Newborn Hearing Screening Program Diagnostic Audiologic Evaluation Reporting

Atresia R L Microtia R L

Amplification Recommended: Yes \_\_\_ No \_\_\_

Amplification Discussion: \_\_\_\_\_

Other Diagnosis Related to Hearing Loss, Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Refused Diagnostic Services** Refused by: \_\_\_\_\_ Date: \_\_\_\_\_

**Plan/Follow-up appt.:** \_\_\_\_\_

**Referral to ENT Date:** \_\_\_\_\_ **Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referral to CCS Date:** \_\_\_\_\_ Application SAR County: \_\_\_\_\_

**Referral to Early Start (1-916-282-2440) or <https://leadkfamilyservices.org/earlystartreferral/> :**

**Date:** \_\_\_\_\_

**Parent/Guardian Contact Attempts:** Document at least 3 attempts to contact the family:

\_\_\_\_\_

Audiology Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Audiologist Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

Please complete this form and **fax to (909) 498-7982 or Secure email to southern.hcc@natus.com or mail to the Southern California Hearing Coordination Center, 1200 California Street, Suite 108, Redlands, CA 92374**, within seven days of the child's Diagnostic Audiologic Evaluation. DO NOT attach waveforms, OAE printout, audiograms or reports. If the family **does not** appear for the scheduled appointment and you have difficulty in rescheduling the audiology evaluation please contact the Hearing Coordination Center at (909) 793-1291

This information is to be provided pursuant to Section 124119 of the California Health and Safety Code that requires you to report the results of audiological follow-up services provided through the California Newborn Hearing Screening Program.