DEPARTMENT OF HEALTH

NEWBORN HEARING SCREENING
AUDIOLOGY FOLLOW-UP REPORT FORM

FAX COMPLETED FORM AND COPY OF VISIT SUMMARY TO 651-215-6285

PATIENT INFORMATION

Child's name (last, first): _____ Date of birth: _____ Gender: ☐ Female ☐ Male

Address, City, State: _____

Mother's name (last, first): _____ Mother's phone: _____

Caregiver's name/relationship/phone (if different): _____ Language used in home: _____

Primary care physician: _____ Primary Clinic Name, City: _____

ASSESSMENT RESULTS

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

Date of service: _____ Audiologist: _____ Clinic Name, City: _____

SCREENING OR DIAGNOSTIC RESULTS

✓ ALL THAT APPLY	RIGHT EAR	LEFT EAR
☐ AABR (screening)	☐ Pass ☐ Refer ☐ Inconclusive ☐ Not Done	☐ Pass ☐ Refer ☐ Inconclusive ☐ Not Done
☐ DPOAE	☐ Pass ☐ Refer ☐ Inconclusive ☐ Not Done	☐ Pass ☐ Refer ☐ Inconclusive ☐ Not Done
☐ TEOAE	☐ Pass ☐ Refer ☐ Inconclusive ☐ Not Done	☐ Pass ☐ Refer ☐ Inconclusive ☐ Not Done
Tympanometry ☐ 226 Hz ☐ 1000 Hz	☐ Peak ☐ Rounded ☐ No Peak ☐ Lg. Volume	☐ Peak ☐ Rounded ☐ No Peak ☐ Lg. Volume
☐ Acoustic Reflex	☐ Normal ☐ Elevated ☐ Absent	☐ Normal ☐ Elevated ☐ Absent

DIAGNOSIS

	RIGHT EAR		LEFT EAR	
	Degree	Type	Degree	Type
☐ Click ABR	☐ Normal	☐ Normal	☐ Normal	☐ Normal
☐ Toneburst ABR	☐ Slight	☐ Sensorineural	☐ Slight	☐ Sensorineural
☐ BC ABR	☐ Mild	☐ Perm. Conductive	☐ Mild	☐ Perm. Conductive
☐ ASSR	☐ Moderate	☐ Transient Cond.	☐ Moderate	☐ Transient Cond.
☐ NB Chirps	☐ Mod. Severe	☐ Mixed	☐ Mod. Severe	☐ Mixed
☐ Headphones/insert	☐ Severe	☐ ANSD	☐ Severe	☐ ANSD
☐ Non-ear specific VRA	☐ Profound	☐ Undetermined	☐ Profound	☐ Undetermined

REFERRALS AND APPOINTMENTS

✓ CHECK ALL THAT APPLY IF KNOWN

☐ Audiology Appointment date:	☐ Amplification ☐ Loaner Fit date:
☐ Otolaryngology Appointment date:	☐ Genetic evaluation Appointment date:
☐ Help Me Grow Date of referral:	☐ Ophthalmology Appointment date:
☐ Parent Support Date of referral:	Other (specify): _____

NOTES/APPOINTMENT CHANGE

For more information on reporting, please contact newbornhearing@state.mn.us

REV: 06/2018