

Early Hearing Detection and Intervention Program

Office for Children with Special Health Care Needs

310 Whittington Parkway, Suite 200

Louisville, KY 40222

502-429-4430 or 1-877-757-4327

FAX 502-429-7160

**Audiology Update Form (AUF)
Worksheet**

Please Print or Type Information

Please complete this form on every child referred based on a hospital screening and each infant or child diagnosed with a permanent hearing loss, regardless of newborn hearing status (up to age 3 years of age). Please fax forms to the EHDI office at 502-429-7160.

Audiologist/Provider:		Today's Date:							
Facility Name and Address:									
Patient:		Date of Birth:							
Infant name change since discharge: ☐ Yes ☐ No If yes, previous name:		Parent or Guardian Name: Street Address: City: State: Zip Code: Phone:							
Primary Care Provider:		Birth Hospital:							
Last Hearing Screen: (If reported that one ear failed, mark failed – as both ears should be re-tested.)									
<table border="1"> <tr> <td>Left Ear</td> <td>☐ Passed</td> <td>☐ Failed</td> </tr> <tr> <td>Right Ear</td> <td>☐ Passed</td> <td>☐ Failed</td> </tr> </table>				Left Ear	☐ Passed	☐ Failed	Right Ear	☐ Passed	☐ Failed
Left Ear	☐ Passed	☐ Failed							
Right Ear	☐ Passed	☐ Failed							

Hearing Follow-up

Date of Testing _____(mm/dd/yyyy)

Permanent Childhood Hearing Loss (PCHL) Yes ☐ No ☐ Cannot be determined at this time ☐ Comment:	Left Ear <u>Degree of Hearing Loss</u> ☐ Normal (-10 to 15 dB) ☐ Referred ☐ Slight Hearing Loss (16 – 25 dB) ☐ Mild (26 - 40 dB) ☐ Moderate (41 - 55 dB) ☐ Moderately Severe (56 – 70 dB) ☐ Severe (71 – 90 dB) ☐ Profound (>90 dB) ☐ Inconclusive - Further Testing Required* ☐ Inconclusive - Medical Referral Required <u>Type of Hearing Loss</u> ☐ Conductive ☐ Sensorineural ☐ Mixed ☐ Auditory Neuropathy Spectrum Disorder <u>Configuration of Hearing Loss</u> ☐ Cookie Bite ☐ Flat ☐ High Frequency ☐ Reverse Sloping ☐ Sloping <u>Best Sensitivity</u> ☐ Slight Hearing Loss (16 – 25 dB) ☐ Mild (26 - 40 dB) ☐ Moderate (41 - 55 dB) ☐ Moderately Severe (56 – 70 dB) ☐ Severe (71 – 90 dB) ☐ Profound (>90 dB) <u>Worst Sensitivity</u> ☐ Slight Hearing Loss (16 – 25 dB) ☐ Mild (26 - 40 dB) ☐ Moderate (41 - 55 dB) ☐ Moderately Severe (56 – 70 dB) ☐ Severe (71 – 90 dB) ☐ Profound (>90 dB)	Right Ear <u>Degree of Hearing Loss</u> ☐ Normal (-10 to 15 dB) ☐ Referred ☐ Slight Hearing Loss (16 – 25 dB) ☐ Mild (26 - 40 dB) ☐ Moderate (41 - 55 dB) ☐ Moderately Severe (56 – 70 dB) ☐ Severe (71 – 90 dB) ☐ Profound (>90 dB) ☐ Inconclusive - Further Testing Required* ☐ Inconclusive - Medical Referral Required <u>Type of Hearing Loss</u> ☐ Conductive ☐ Sensorineural ☐ Mixed ☐ Auditory Neuropathy Spectrum Disorder <u>Configuration of Hearing Loss</u> ☐ Cookie Bite ☐ Flat ☐ High Frequency ☐ Reverse Sloping ☐ Sloping <u>Best Sensitivity</u> ☐ Slight Hearing Loss (16 – 25 dB) ☐ Mild (26 - 40 dB) ☐ Moderate (41 - 55 dB) ☐ Moderately Severe (56 – 70 dB) ☐ Severe (71 – 90 dB) ☐ Profound (>90 dB) <u>Worst Sensitivity</u> ☐ Slight Hearing Loss (16 – 25 dB) ☐ Mild (26 - 40 dB) ☐ Moderate (41 - 55 dB) ☐ Moderately Severe (56 – 70 dB) ☐ Severe (71 – 90 dB) ☐ Profound (>90 dB)
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Type of Testing	
AABR ☐	
ABR ☐	☐ (if checked, select one of the following) ☐ Click Only ☐ Frequency specific ☐ Clicks and Frequency Specific
ASSR ☐	
OAE ☐ (if checked, select one of the following)	☐ Screen ☐ Diagnostic ☐ Screen and Diagnostic
Tympanometry ☐ (if checked, select one of the following)	☐ 226Hz ☐ 1000 Hz ☐ Multi Frequency
Acoustic Reflexes ☐ (if checked, select one of the following)	☐ Screen ☐ Diagnostic
Behavioral Testing ☐ (if checked, select one of the following)	☐ BOA ☐ VRA ☐ Conditioned Play Audiometry
Pure Tone Air ☐	
Bone ☐	
Sound Field ☐	
Ear Specific ☐	

Recommendations and Referrals			
Recommendations Hearing Aids Recommended ☐	☐ Audiological follow-up. (if checked, enter date) _____(mm/yy) Loaners fit _____(mm/yy) Personal Amplification Fit _____(mm/yy) Assistive listening device _____(mm/yy) Declined amplification _____(mm/yy) Cochlear implant _____(mm/yy)		
Referrals	Select all referrals from the Specialty List: ☐ Allergy & Immunology ☐ Anesthesiology ☐ Cardiology ☐ Cardiovascular Surgery ☐ Dermatology ☐ Emergency Medicine ☐ Endocrinology ☐ Endodontia ☐ Family Practice ☐ Gastroenterology ☐ General Practice ☐ Genetics ☐ Hand Surgery ☐ Hematology ☐ Infectious Disease	☐ Internal Medicine ☐ Neonatology ☐ Nephrology ☐ Neurological Surgery ☐ Neurology ☐ Obstetrics/Gynecology ☐ Oncology ☐ Ophthalmology ☐ Optometry ☐ Oral Surgery ☐ Orthodontia ☐ Orthopedics ☐ Osteopathic ☐ Otolaryngology ☐ Otorhinolaryngology ☐ Pathology ☐ Pediatrics	☐ Pedodontics ☐ Periodontia ☐ Physiatry ☐ Physical Medicine & Rehab ☐ Plastic Surgery ☐ Podiatry ☐ Prosthodontia ☐ Psychiatry ☐ Psychology ☐ Pulmonary Disease ☐ Radiology ☐ Rheumatology ☐ Surgery ☐ Thoracic Surgery ☐ Urology Other:

Early Intervention	☐ Part C (KEIS):	Date Referred _____(mm/yy)
	☐ Referred ☐ Not Referred ☐ Currently Enrolled in Services.	
	Date Enrolled _____(mm/yy)	
	☐ Other Private/Independent Therapist:	Date Referred _____(mm/yy)
	☐ Referred ☐ Not Referred ☐ Currently Enrolled in Services.	
	Date Enrolled _____(mm/yy)	

Results and Recommendations

Signature:
