

**Texas Early Hearing Detection and Intervention Reporting Form**

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| **★ Diagnostic Evaluation ★** |
| Please complete all areas of the form and fax the completed form to 817-385-3939 ATTN: TEHDI Program*.* Contact oz.help@perkinelmer.com for assistance and information about electronic reporting. |
| Today’s Date :  | Date of Service: | Reason for Service: |
| Name of Person Completing Form:  | Phone Number:  |
| Office/Practice/Facility Name , City:  | Email Address: |
| **CHILD INFORMATION** ★ Indicates required fields |
| ★Child’s Name *(Last, First):*  | ★Date of Birth: | ★Gender:  |
| ★Birth Hospital’s Name, City: | ★Mother’s Name:  |
| Guardian’s Name:  | Guardian’s phone number: |
| Guardian’s Street Address: | Guardian’s City, State, Zip Code: |
| Primary Care Physician’s (PCP) Name, City: | PCP’s Phone Number: |

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| **DIAGNOSTIC EVALUATION RESULTS** |
| **Diagnostic Tests Performed** (Circle all that apply):  DPOAE\* TEOAE\* Tympanometry Click ABRToneburst ABR BOA VRA Puretone ASSR Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Note: OAE testing alone is not enough information for initial diagnosis. Confirmatory testing for infants should consist of a test battery to evaluate the entire auditory system and include at a minimum electrophysiological measures (e.g., ABR). |
| **Right Ear Diagnosis** | **Left Ear Diagnosis** |
| **Type (Circle one):**NormalSensorineuralConductiveMixedAuditory NeuropathyNot Yet Determined | **Degree (Circle One):**Not ApplicableSlight (16-25 dBHL)Mild (26-40 dBHL)Moderate (41-55 dBHL)Mod. Severe (56-70 dBHL)Severe (71-90 dBHL)Profound (91+ dBHL) | **Type (Circle one):**NormalSensorineuralConductiveMixedAuditory NeuropathyNot Yet Determined | **Degree (Circle One):**Not ApplicableSlight (16-25 dBHL)Mild (26-40 dBHL)Moderate (41-55 dBHL)Mod. Severe (56-70 dBHL)Severe (71-90 dBHL)Profound (91+ dBHL) |

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| **EARLY CHILDHOOD INTERVENTION (ECI) REFERRAL**  |
| **Date of Referral:**  | **ECI Provider Name:** |
| **Notes/Recommendations**:  |