



TEHDI FOLLOW-UP AND INTERVENTION FORM



OUTPATIENT SCREENING ★ DIAGNOSTIC EVALUATION ★ EARLY CHILDHOOD INTERVENTION ★ HABILITATION

- ✓ Please complete all areas of the form, where applicable for the date of service. Use this form to report the following for children 0 - 5 years:
1) Initial Diagnostic Assessment 2) Any Change in the Diagnosis of Hearing 3) Fitting of Amplification Or Assistive Devices 4) Any Referrals to Specialists
- ✓ Fax completed forms to 817-385-3939 ATTN: TEHDI Program. The Department of State Health Services will use this information to update the patient's TEHDI eSP™ record for tracking and follow-up care management.

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|--|----------------------------|----------------------------|
| Today's Date: | Date of Service: | Reason for Service: |
| Name of Person Completing Form | | Phone Number |
| Office/Practice/Facility Name , City | | Email Address |
| CHILD'S / PATIENT'S INFORMATION ★ INDICATES A FIELD USED TO MATCH CHILD IN TEHDI eSP™ | | |
| ★ Child's Name (Last, First) | ★ Date of Birth | ★ Gender |
| ★ Birth Hospital's Name, City | ★ Child's Medicaid Number | |
| ★ Mother's Name (Maiden Name if Available) | ★ Mother's Medicaid Number | |
| Caregiver's Name | ★ Father's Last Name | |
| Caregiver's Street Address | | |
| City, State Zip | Caregiver's Phone Number | |
| Primary Care Physician's (PCP) Name, City | PCP's Phone Number | |

SCREENING OR DIAGNOSTIC EVALUATION ALL THAT APPLY AND PROVIDE REQUESTED INFORMATION.

| ASSESSMENT TYPE(S) <input checked="" type="checkbox"/> ALL THAT APPLY. | | LEFT EAR | RIGHT EAR |
|---|---|---|---|
| OUTPATIENT SCREENING | <input type="checkbox"/> SABR (AABR) | <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Done | <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Done |
| | <input type="checkbox"/> DPOAE | <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Done | <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Done |
| | <input type="checkbox"/> TEOAE | <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Done | <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Done |
| DIAGNOSTIC EVALUATION | <input type="checkbox"/> DPOAE | <input type="checkbox"/> Recordable <input type="checkbox"/> Not Recordable <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not Done | <input type="checkbox"/> Recordable <input type="checkbox"/> Not Recordable <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not Done |
| | <input type="checkbox"/> TEOAE | <input type="checkbox"/> Recordable <input type="checkbox"/> Not Recordable <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not Done | <input type="checkbox"/> Recordable <input type="checkbox"/> Not Recordable <input type="checkbox"/> Inconclusive <input type="checkbox"/> Not Done |
| | <input type="checkbox"/> Tympanometry | FREQUENCY <input type="checkbox"/> 220Hz <input type="checkbox"/> 660Hz <input type="checkbox"/> 1000 Hz | FREQUENCY <input type="checkbox"/> 220Hz <input type="checkbox"/> 660Hz <input type="checkbox"/> 1000 Hz |
| | <input type="checkbox"/> Click ABR | TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> As <input type="checkbox"/> Ad | TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> As <input type="checkbox"/> Ad |
| | <input type="checkbox"/> Toneburst ABR | TYPE <input type="checkbox"/> Normal | TYPE <input type="checkbox"/> Normal |
| | <input type="checkbox"/> Bone Conduction ABR | DEGREE <input type="checkbox"/> Not Applicable | DEGREE <input type="checkbox"/> Not Applicable |
| | <input type="checkbox"/> ASSR | <input type="checkbox"/> Sensorineural | <input type="checkbox"/> Sensorineural |
| | <input type="checkbox"/> BOA | <input type="checkbox"/> Slight (16-25 dBHL) | <input type="checkbox"/> Slight (16-25 dBHL) |
| | <input type="checkbox"/> VRA | <input type="checkbox"/> Conductive | <input type="checkbox"/> Conductive |
| | <input type="checkbox"/> Puretone | <input type="checkbox"/> Mild (26-40dBHL) | <input type="checkbox"/> Mild (26-40dBHL) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Moderate (41-55 dBHL) | <input type="checkbox"/> Moderate (41-55 dBHL) | |
| | <input type="checkbox"/> Auditory Neuropathy | <input type="checkbox"/> Auditory Neuropathy | |
| | <input type="checkbox"/> Mod. Severe (56-70 dBHL) | <input type="checkbox"/> Mod. Severe (56-70 dBHL) | |
| | <input type="checkbox"/> Severe (71-90 dBHL) | <input type="checkbox"/> Severe (71-90 dBHL) | |
| | <input type="checkbox"/> Not Yet Determined | <input type="checkbox"/> Not Yet Determined | |
| | <input type="checkbox"/> Profound (91+ dBHL) | <input type="checkbox"/> Profound (91+ dBHL) | |

REFERRALS AND/OR APPOINTMENTS WITH SPECIALTY PROVIDERS ALL THAT APPLY AND PROVIDE REQUESTED INFORMATION.

| | | |
|---|----------|-------------------|
| <input type="checkbox"/> Early Childhood Intervention | Provider | Referral Date |
| <input type="checkbox"/> ENT/Otolaryngology | Provider | Appointment |
| <input type="checkbox"/> Genetic Evaluation | Provider | Appointment |
| <input type="checkbox"/> Other (Specify Specialty) | Provider | Appointment |
| <input type="checkbox"/> Habilitation | Provider | Amplification Fit |
| | | Date of Fit |

RECOMMENDATIONS

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NOTES

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