

**MISSOURI NEWBORN HEARING SCREENING PROGRAM
DIAGNOSTIC ABR REPORT**

| DEMOGRAPHIC INFORMATION | | |
|--------------------------------|----------------------------|--|
| NEWBORN'S LAST NAME | NEWBORN'S FIRST NAME | BIRTH ORDER IF MULTIPLE (A=1 ST , B=2 ND , Etc) |
| DATE OF BIRTH | MOTHER'S LAST NAME | MOTHER'S FIRST NAME |
| ADDRESS – STREET | ADDRESS – CITY, STATE, ZIP | MOTHER'S SOCIAL SECURITY NUMBER |
| PRIMARY CARE PHYSICIAN | MOTHER'S PHONE NUMBER | BIRTH SCREENING STATUS PASS <input type="checkbox"/> REFER <input type="checkbox"/> |

| ABR RESULTS | | | | | |
|---|---------------------|--------------------|--|---------------------|--------------------|
| DATE OF TEST | | AUDIOLOGIST'S NAME | | TESTING FACILITY | |
| LEFT EAR RESULTS Please indicate degree and type with X in box | | | RIGHT EAR RESULTS Please indicate degree and type with X in box | | |
| CLICK | HIGH Hz TONE | LOW Hz TONE | CLICK | HIGH Hz TONE | LOW Hz TONE |
| DEGREE | DEGREE | DEGREE | DEGREE | DEGREE | DEGREE |
| WNL (0-15) | WNL (0-15) | WNL (0-15) | WNL (0-15) | WNL (0-15) | WNL (0-15) |
| Slight (16-25) | Slight (16-25) | Slight (16-25) | Slight (16-25) | Slight (16-25) | Slight (16-25) |
| Mild (26-40) | Mild (26-40) | Mild (26-40) | Mild (26-40) | Mild (26-40) | Mild (26-40) |
| Moderate (41-55) | Moderate (41-55) | Moderate (41-55) | Moderate (41-55) | Moderate (41-55) | Moderate (41-55) |
| Mod. Severe(56-70) | Mod. Severe(56-70) | Mod. Severe(56-70) | Mod. Severe(56-70) | Mod. Severe(56-70) | Mod. Severe(56-70) |
| Severe (71-90) | Severe (71-90) | Severe (71-90) | Severe (71-90) | Severe (71-90) | Severe (71-90) |
| Profound (91+) | Profound (91+) | Profound (91+) | Profound (91+) | Profound (91+) | Profound (91+) |
| Incomplete | Incomplete | Incomplete | Incomplete | Incomplete | Incomplete |
| TYPE | TYPE | TYPE | TYPE | TYPE | TYPE |
| WNL | WNL | WNL | WNL | WNL | WNL |
| Conductive | Conductive | Conductive | Conductive | Conductive | Conductive |
| Sensorineural | Sensorineural | Sensorineural | Sensorineural | Sensorineural | Sensorineural |
| Mixed | Mixed | Mixed | Mixed | Mixed | Mixed |
| Auditory Neuropath | Auditory Neuropath | Auditory Neuropath | Auditory Neuropath | Auditory Neuropath | Auditory Neuropath |
| Incomplete | Incomplete | Incomplete | Incomplete | Incomplete | Incomplete |
| Unknown | Unknown | Unknown | Unknown | Unknown | Unknown |

| TYMPANOMETRY (Report results for the frequency/ies tested) | | | | | |
|---|----------|----------|--------------------------|----------|----------|
| LEFT EAR RESULTS | | | RIGHT EAR RESULTS | | |
| 220 Hz | 660 Hz | 1000 Hz | 220 Hz | 660 Hz | 1000 Hz |
| Normal | Normal | Normal | Normal | Normal | Normal |
| Abnormal | Abnormal | Abnormal | Abnormal | Abnormal | Abnormal |
| Comments: | | | Comments: | | |

| HIGH RISK FACTORS (Indicate all that apply) | | | | | |
|--|-----------------------|-----------------------------|------------------|--|--|
| Family history | Craniofacial anomaly | Exchange for high bilirubin | Head injury | | |
| Loop Diuretics | Vent support >5 days | Parental concern | NICU stay >5days | | |
| ECMO | Syndrome assoc. c/ HL | Neurodegenerative disorder | Ototoxic meds | | |
| In-utero infection | Syndromic stigmata | Postnatal infection | | | |

| RECOMMENDATIONS AND REFERRALS | | | | | |
|--------------------------------------|---------------------------------------|--------------------|---------------------|-------------------|------------------|
| PCP | ENT | Genetic evaluation | Hearing aids | Cochlear implant | MOHEAR consult |
| Re-eval | In _____ weeks or months (circle one) | | Purpose: confirm Dx | High risk monitor | Uni/mild monitor |
| Family referred to First Steps | YES | NO | | | |
| Comments: | | | | | |

SEND TO MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
Bureau of Genetics and Healthy Childhood / PO Box 570 / Jefferson City, MO 65102-0570
IF YOU HAVE COMPLETED BEHAVIORAL TESTING, PLEASE ATTACH REPORT