



Colorado Department of Public Health and Environment

Colorado Infant Hearing Program – Audiology Assessment

Must be completed for any child from **birth to 7** years of age

Colorado Department of Public Health
4300 Cherry Creek Drive South, PSD-CYF-A4,
Denver, CO 80246 Fax: 303-753-9249
cdphe_infantscreening@state.co.us

Audiologist _____ Clinic _____ Phone _____

Email _____ Date Form Sent _____

Patient Information

Last _____ First _____ Middle _____ Birth Date _____

Also Known As: Last _____ First _____ Gender: M F

Birth Hospital _____ Home Birth Y N Birth State _____ PCP _____

Mother: Last _____ First _____ Maiden _____

Father: Last _____ First _____ Guardian: Last _____ First _____

Primary language _____ English Y N | Ph: 1 _____ Ph: 2 _____

Address: Street _____ City _____ State _____ ZIP _____ County _____

Check type of visit: Initial Screen Rescreen Evaluation Evaluation F/U Date _____

Newborn Hearing Screening Results

Initial Screen Date: _____

Left: Pass Refer

Right: Pass Refer

Follow-Up Screen Date: _____

Left: Pass Refer

Right: Pass Refer

Risk Factors

- | | |
|--|--|
| <input type="checkbox"/> NICU for > 5 days | <input type="checkbox"/> Connexin 26 |
| <input type="checkbox"/> Stigmata or other findings associated with sensorineural hearing (Specify) | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Family history of permanent childhood sensorineural hearing loss | <input type="checkbox"/> Head Trauma |
| <input type="checkbox"/> Craniofacial anomalies, including microtia, atresia, ear pits (Specify) | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> In- utero infection such as Cytomegalovirus, Herpes, Toxoplasmosis, Rubella or Syphilis (Specify) | <input type="checkbox"/> Unilateral hearing loss progressed to bilateral |

Specify Risk Factor(s): _____

Procedures Used

- | Behavioral Audiometry | Acoustic Immittance | Otoacoustic Emissions | Electrophysiologic Audiometry |
|---|---|-----------------------------|--|
| <input type="checkbox"/> Behavioral Observation | <input type="checkbox"/> 1000 Hz Tymp | <input type="checkbox"/> DP | <input type="checkbox"/> Click ABR |
| <input type="checkbox"/> VRA | <input type="checkbox"/> 226 Hz Tymp | <input type="checkbox"/> TE | <input type="checkbox"/> Tone Burst AC |
| <input type="checkbox"/> CPA | <input type="checkbox"/> Reflex Testing | | <input type="checkbox"/> Bone ABR |
| <input type="checkbox"/> Conventional | | | <input type="checkbox"/> ASSR |

Diagnosis

- | | | | | |
|-------------------------------------|--|--|---|--|
| | Left: | Degree: | Right: | Degree: |
| <input type="checkbox"/> Bilateral | <input type="checkbox"/> Normal - Left | <input type="checkbox"/> -10 to 15 Normal | <input type="checkbox"/> Normal - Right | <input type="checkbox"/> -10 to 15 Normal |
| | <input type="checkbox"/> Conductive - Left | <input type="checkbox"/> 16 to 25 Slight | <input type="checkbox"/> Conductive - Right | <input type="checkbox"/> 16 to 25 Slight |
| | <input type="checkbox"/> Mixed - Left | <input type="checkbox"/> 26-40 Mild | <input type="checkbox"/> Mixed - Right | <input type="checkbox"/> 26-40 Mild |
| <input type="checkbox"/> Unilateral | <input type="checkbox"/> S/N - Left | <input type="checkbox"/> 41-55 Moderate | <input type="checkbox"/> S/N - Right | <input type="checkbox"/> 41-55 Moderate |
| | <input type="checkbox"/> AN - Left | <input type="checkbox"/> 56-70 Moderately Severe | <input type="checkbox"/> AN - Right | <input type="checkbox"/> 56-70 Moderately Severe |
| | <input type="checkbox"/> Unknown - Left | <input type="checkbox"/> 71-90 Severe | <input type="checkbox"/> Unknown HL - Right | <input type="checkbox"/> 71-90 Severe |
| | <input type="checkbox"/> Cannot Test | <input type="checkbox"/> 91+ Profound | <input type="checkbox"/> Cannot Test | <input type="checkbox"/> 91+ Profound |

Amplification

Fitted Date: _____ Type: Air Conduction Bone Conduction FM C I Pending Declined Not Recommended

ENT Referral	CO-Hear Referral:	CO-Hear Name:	Referral Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No, Not Eligible	_____	_____