North Carolina Early Hearing Detection and Intervention Program
Diagnostic/Amplification Reporting Form

Patient Information

Child's Name: _____ DOB: _____

Mother's Name: _____

Home Address: _____

_____

_____

_____

Sex: ☐ Male ☐ Female Multiple Birth: ☐ Yes ☐ No

Diagnostic Evaluation

Facility Name: _____ Facility EIN: _____

Date of evaluation: _____ Audiologist: _____

Tests completed: ☐ Click ABR ☐ Toneburst ABR ☐ Bone conduction ABR
☐ DPOAE ☐ TEOAE ☐ Tympanometry
☐ Acoustic reflexes ☐ ASSR

Right Ear Hearing Loss: ☐ None ☐ Confirmed

Type of Loss: ☐ Permanent ☐ Temporary
☐ Conductive ☐ Sensorineural ☐ Mixed ☐ Neuropathy ☐ Unknown

Degree of Loss: ☐ Mild
☐ Moderate
☐ Severe
☐ Profound

Left Ear Hearing Loss: ☐ None ☐ Confirmed

Type of Loss: ☐ Permanent ☐ Temporary
☐ Conductive ☐ Sensorineural ☐ Mixed ☐ Neuropathy ☐ Unknown

Degree of Loss: ☐ Mild
☐ Moderate
☐ Severe
☐ Profound

Amplification

Amplification Recommended ☐ Yes ☐ No

If yes: ☐ Right Ear
☐ Left Ear

Date of Hearing Aid Fitting: _____

Facility where amplification fit: _____ Facility EIN: _____

Audiologist: _____

Mail Form To:	**Fax Form To:**
ATTN: Data Specialist Early Hearing Detection and Intervention Program 1928 Mail Service Center Raleigh, NC 27699-1928	(919) 870-4881 ATTN: Data Specialist