

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