

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

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**Patient Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Sex:  Male  FemaleMultiple Birth:  Yes  No

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**Diagnostic Evaluation**

Facility Name: \_\_\_\_\_ Facility EIN: \_\_\_\_\_

Date of evaluation: \_\_\_\_\_ Audiologist: \_\_\_\_\_

Tests completed:  Click ABR  Toneburst ABR  Bone conduction ABR  
 DPOAE  TEOAE  Tympanometry  
 Acoustic reflexes  ASSRRight Ear Hearing Loss:  None  ConfirmedType of Loss:  Permanent  Temporary  
 Conductive  Sensorineural  Mixed  Neuropathy  UnknownDegree of Loss:  Mild  
 Moderate  
 Severe  
 ProfoundLeft Ear Hearing Loss:  None  ConfirmedType of Loss:  Permanent  Temporary  
 Conductive  Sensorineural  Mixed  Neuropathy  UnknownDegree of Loss:  Mild  
 Moderate  
 Severe  
 Profound

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**Amplification**Amplification Recommended  Yes  NoIf yes:  Right Ear  
 Left Ear

Date of Hearing Aid Fitting: \_\_\_\_\_

Facility where amplification fit: \_\_\_\_\_ Facility EIN: \_\_\_\_\_

Audiologist: \_\_\_\_\_

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