## 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:**
- ATTN: Data Specialist
- Early Hearing Detection and Intervention Program
- 1928 Mail Service Center
- Raleigh, NC 27699-1928

**Fax Form To:**
- (919) 870-4881
- ATTN: Data Specialist