A picture containing graphical user interface

Description automatically generated

**Texas Early Hearing Detection and Intervention Reporting Form**

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| **★ Diagnostic Evaluation ★** | | | |
| Please complete all areas of the form and fax the completed form to 817-385-3939 ATTN: TEHDI Program*.* Contact [oz.help@perkinelmer.com](mailto:oz.help@perkinelmer.com) for assistance and information about electronic reporting. | | | |
| Today’s Date : | Date of Service: | Reason for Service: | |
| Name of Person Completing Form: | | Phone Number: | |
| Office/Practice/Facility Name , City: | | Email Address: | |
| **CHILD INFORMATION** ★ Indicates required fields | | | |
| ★Child’s Name *(Last, First):* | | ★Date of Birth: | ★Gender: |
| ★Birth Hospital’s Name, City: | | ★Mother’s Name: | |
| Guardian’s Name: | | Guardian’s phone number: | |
| Guardian’s Street Address: | | Guardian’s City, State, Zip Code: | |
| Primary Care Physician’s (PCP) Name, City: | | PCP’s Phone Number: | |

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| **DIAGNOSTIC EVALUATION RESULTS** | | | |
| **Diagnostic Tests Performed** (Circle all that apply):  DPOAE\* TEOAE\* Tympanometry Click ABRToneburst ABR BOA VRA Puretone ASSR Other (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Note: OAE testing alone is not enough information for initial diagnosis. Confirmatory testing for infants should consist of a test battery to evaluate the entire auditory system and include at a minimum electrophysiological measures (e.g., ABR). | | | |
| **Right Ear Diagnosis** | | **Left Ear Diagnosis** | |
| **Type (Circle one):**  Normal  Sensorineural  Conductive  Mixed  Auditory Neuropathy  Not Yet Determined | **Degree (Circle One):**  Not Applicable  Slight (16-25 dBHL)  Mild (26-40 dBHL)  Moderate (41-55 dBHL)  Mod. Severe (56-70 dBHL)  Severe (71-90 dBHL)  Profound (91+ dBHL) | **Type (Circle one):**  Normal  Sensorineural  Conductive  Mixed  Auditory Neuropathy  Not Yet Determined | **Degree (Circle One):**  Not Applicable  Slight (16-25 dBHL)  Mild (26-40 dBHL)  Moderate (41-55 dBHL)  Mod. Severe (56-70 dBHL)  Severe (71-90 dBHL)  Profound (91+ dBHL) |

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| **EARLY CHILDHOOD INTERVENTION (ECI) REFERRAL** | |
| **Date of Referral:** | **ECI Provider Name:** |
| **Notes/Recommendations**: | |