

# Diagnostic Follow-up Form (referral from Pure Tone hearing screening-- See Pure Tone Screening Form for details)



Child's Name \_\_\_\_\_



## Middle Ear Consultation (typically conducted by a health care provider)

Date: (\_\_\_/\_\_\_/\_\_\_)  MD Name of person performing service: \_\_\_\_\_

### Medical service(s) performed:

Otoscopy  Pneumatic Otoscopy  Tympanometry  Other \_\_\_\_\_

### Diagnosis & Treatment:

Ear L R

- Normal (no condition or disorder detected)
- Cerumen removal
- PE tube blockage cleared
- Middle ear disorder (describe):  
\_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_

### Follow-up recommendation(s) and date by which recommendation should be completed:

(check all that apply)

- None
- Repeat hearing screening  
(\_\_\_/\_\_\_/\_\_\_)
- Audiological evaluation (\_\_\_/\_\_\_/\_\_\_)
- Further medical evaluation  
(\_\_\_/\_\_\_/\_\_\_)
- Referral to Early Intervention (\_\_\_/\_\_\_/\_\_\_)
- Medical treatment

↓ when medical clearance is given (outer and middle ear are clear)



## Pure Tone Rescreen (Screen 3) (by program)

As documented on Pure  
Tone Screening Form

Not Pass

Pass =  
**Screening  
Completed**



## Audiological Evaluation (by pediatric audiologist)

Date: (\_\_\_/\_\_\_/\_\_\_) Name of person performing service: \_\_\_\_\_

Audiological services performed:  ABR  Behavioral  Other \_\_\_\_\_

### Hearing Status: (check one box under Type and Degree for each ear)

Ear L R Type of loss

- Permanent loss  
(sensorineural, conductive, mixed)
- Temporary loss  
(fluctuating conductive)
- Normal—no loss

Ear L R Degree of Loss

- Mild
- Moderate
- Severe
- Profound
- Normal—no loss

### Follow-up recommendation(s) and date by which recommendation should be completed: (check all that apply)

- None
- Repeat hearing screening (\_\_\_/\_\_\_/\_\_\_)
- Further medical evaluation (\_\_\_/\_\_\_/\_\_\_)  
 ABR  Behavioral
- Referral to  
Early Intervention (\_\_\_/\_\_\_/\_\_\_)
- Other \_\_\_\_\_ (\_\_\_/\_\_\_/\_\_\_)

Please complete  
evaluation as soon  
as possible and  
send this form to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_