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



Cerumen removal Cerumen removal Cerumen removal None Repeat hearing screening Audiological evaluation Further medical evaluation Medical treatment Medical treatment Medical treatment Medical treatment Mot Pass Screening Audiological services performed: ABR Behavioral Other Completed Bar L R Degree Bar L R Degree Degree Bar L R Degree Bar L R Degree Cerumen removal Cerumen removal Check all that apply) Check all that apply) Check all that apply) None Check all that apply None None Repeat hearing screening Audiological evaluation (hood h earing O utre	early Childhood hea	Child's Name
Date: (/)	 kidshearing 		Middle Ear Consultation (typically cond
Medical service(s) performed: Otoscopy			
Diagnosis & Treatment: Ear L R Normal (no condition or disorder detected) None Repeat hearing screening (check all that apply) None Repeat hearing screening (//) None Referral to Early Intervention (/) Medical treatment When medical clearance is given (outer and middle ear are clear) Pure Tone Rescreen (Screen 3) (by program) Audiological Evaluation (by pediatric audiologist) Audiological Services performed Audiological Services Audiological Evaluation (by pediatric audiologist) Pass = Screening Completed ABR Behavioral Other Hearing Status: (check one box under Type and Degree for each ear) Ear L R Degree		iiig service.	Date: (
Diagnosis & Treatment: Ear L R			Medical service(s) performed:
Cerumen removal Cerumen removal Repeat hearing screening None Repeat hearing screening Audiological evaluation Referral to Early Intervention Medical treatment Medical		nometry	☐ Otoscopy ☐ Pneumatic Otoscopy ☐ Tymp
Normal (no condition or disorder detected)	y which	Follow-up recommendation(s) and date by which	Diagnosis & Treatment:
None Repeat hearing screening None Not Pass N		recommendation should be completed:	Ear L R
☐ Cerumen removal ☐ Repeat hearing screening ☐ PE tube blockage cleared ☐ Audiological evaluation ☐ Middle ear disorder (describe): ☐ Audiological evaluation ☐ Further medical evaluation ☐ Perturber medical evaluation ☐ Other: ☐ 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 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 Degree			☐ ☐ Normal (no condition or disorder detected)
□ PE tube blockage cleared □ Middle ear disorder (describe): □ Surfamiliar Pet tube blockage cleared □ Middle ear disorder (describe): □ Surfamiliar Pet tube blockage cleared □ Audiological evaluation □ Further medical evaluation □ Referral to Early Intervention (□ /□ □ Medical treatment Medical trea			□ □ Cerumen removal
Middle ear disorder (describe):			□ □ PE tube blockage cleared
Further medical evaluation (/	_/)	\	
□ Other:			
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)	1		
when medical clearance is given (outer and middle ear are clear) Pure Tone Rescreen (Screen 3) (by program) Audiological Evaluation (by pediatric audiologist) 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 Degree	_/)	`````	□ □ Other:
Pass = Screening Completed Hearing Status: (check one box under Type and Degree for each ear) Ear L R Degree		of person performing service:	
Screening Completed Hearing Status: (check one box under Type and Degree for each ear) Ear L R Degree		rmed: ABR Behavioral Other	
Ear L R Degree		ne box under Type and Degree for each ear)	Screening Hearing Status: (check of
Edi L R Degree	of Loop	For I P Dograp of Los	Ear <u>L</u> <u>R</u> <u>Type of loss</u>
☐ ☐ Permanent loss ☐ ☐ Mild	OI LUSS	SS — Mild	
	te	□ □ Moderate	
☐ ☐ Temporary loss ☐ ☐ Severe (fluctuating conductive) ☐ ☐ Profour		enductive)	
Follow-up recommendation(s) and date by which recommendation sho completed: (check all that apply) □ None □ Referral to	ould be	on(s) and date by which recommendation should be apply) □ Referral to ng (//) Early Intervention (// on (//) □ Other (//	Please complete evaluation as soon as possible and completed: (check all tha □ None □ Repeat hearing screen □ Further medical evalua □ ABR □ Behavio
Nama:		Addross:	Nama
Name: Address: Title:		Address:	