OAE Screening Protocol & Documentation Form		
Hearing Screening Record	Child's Name Date of Birth Birth Hospital	
Periodic Screen - OAE		
Child's Days		
 Age J Months □ 1 □ 2 □ 4 □ 6 □ 9 □ 12 □ 15 □ 18 □ 24 □ 36 Is this the first time the OAE hearing screening has been performed on this child in this clinic/practice? 		
\square No \square Yes if Yes:		
Was	child screened for hearing loss a	t birth? Unknown Not Screened Passed Referred
Any neonatal risk factors or complications? Unknown No Yes:		
Any	family history of early hearing los	s?
Is the parent	/caregiver concerned about the c	
A Line the shill	d ovnovion ood:	Speech?
• Has the child	d experienced: Recu	Head trauma? Image: No Image: Yes: rrent ear infections? Image: No Image: Yes:
Does the child have Pressure Equalization (PE) tubes? No Yes		
<u>Rescreen – OAE</u> (Conduct rescreen and refer for Audiological Assessment unless OAE pass is obtained.)		
□ <u>Other</u>		
LEFT	Date:// ar Evaluation	CPT 92558 Evoked OAE screening w/automated analysis code: 92567 Tympanometry Dx V72.1 "Passed" hearing screen Other Dx Code: code: 389.9 Unspecified hearing loss
(Tympanor	metry/Pneumatic Otoscopy)	Follow up Recommendation/Target Date//
Pass 🗆 🖉 Pass 🗆		□ Schedule OAE Rescreen (w/in 2 weeks) or
Can't test □/		□ Refer for Audiological Assessment
Refer □ Refer □	I If wax removal If OM, PE tube problem, or other	 Schedule OAE Rescreen (after treatment)* or Refer for Audiological Assessment **
RIGHT <u>Middle Ear Evaluation</u> (Tympanometry/Pneumatic Otoscopy)		
OAE	,	Follow up Recommendation/Target Date/_/
Pass Pas Pass Pa		 Schedule OAE Rescreen (w/in 2 weeks) or Refer for Audiological Assessment
Refer C Refer	I If wax removal I If OM, PE tube problem, or other	 Schedule OAE Rescreen (after treatment)* or Refer for Audiological Assessment **

* For OM, rescreen 4 - 6 weeks after treatment completion allowing time for any remaining fluid to dissipate ** If OM remains unresolved for 3 months, refer for audiological assessment