



Within one week of screening, submit results to the Arizona Department of Health Services.

Fax to 602-364-1495 or mail to: **Newborn Screening Program**
150 North 18th Avenue Suite 320
Phoenix, Arizona 85007-3242

If you have questions or need help finding resources for further testing call 800-548-8381

Hearing Screening Record

First Name _____ Last Name _____ Gender _____

Birth Hospital _____ Birth Order _____ Date of Birth (DOB) _____

Mother's First Name _____ Last Name (prior to first marriage) _____

Mother's DOB _____ Clinic Site _____

Periodic Screen

Child's } Days 2 - 4
Age } 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 your clinic/practice?

No Yes--if Yes:

Was child screened for hearing loss at birth? Unknown Not Screened Passed Referred

Any neonatal risk factors or complications? Unknown No Yes: _____

Any family history of early hearing loss? No Yes: _____

• Is the parent/caregiver concerned about the child's: **Hearing?** No Yes: _____
Speech? No Yes: _____

• Has the child experienced: **Head trauma?** No Yes: _____
Recurrent ear infections? No Yes: _____

• Does the child have Pressure Equalization (PE) tubes? No Yes: _____

Pre-Referral Rescreen (Conduct rescreen; refer for Audiological Assessment unless OAE pass is obtained.)

Other _____

Screener: _____ Date: ____/____/____

Recommendations :

Target Date ____/____/____

Dx Code _____

Referred to : _____

LEFT

OAE 1

Pass

*Can't test

Refer

Middle Ear Evaluation

(Typanometry/Pneumatic Otoscopy)

Pass

Refer

If wax removal
 If OM or other

OAE 2

Pass

Can't test

Refer

Schedule Pre-Referral Rescreen (w/in 2 weeks) or
 Refer for **Audiological Assessment**

Rescreen 4 weeks after medical clearance or
 Refer for **Audiological Assessment** as needed;
also if OM remains unresolved after 3 months

RIGHT

OAE 1

Pass

*Can't test

Refer

Middle Ear Evaluation

(Typanometry/Pneumatic Otoscopy)

Pass

Refer

If wax removal
 If OM or other

OAE 2

Pass

Can't test

Refer

Schedule Pre-Referral Rescreen (w/in 2 weeks) or
 Refer for **Audiological Assessment**

Rescreen 4 weeks after medical clearance or
 Refer for **Audiological Assessment** as needed;
also if OM remains unresolved after 3 months

*If can't test, indicate why: child uncooperative internal noise external noise ear wax drainage equipment problem