Early Hearing Detection and Intervention Program

Office for Children with Special Health Care Needs 310 Whittington Parkway, Suite 200 Louisville, KY 40222 502-429-4430 or 1-877-757-4327

FAX 502-429-7160 Email: ehdi@ky.gov

Audiology Update Form (AUF) Worksheet

Please Print or Type Information

Please complete this form on every child up to age 3. Please fax forms to the EHDI office at 502-429-7160 or send encrypted email to ehdi@ky.gov.

Audiologist/Provider:		Today's Date:		
Facility Name and Address:				
Patient:		Date of Birth:		
Infant name change since discharge: ☐ Yes ☐ No	Parent or Guardian Name:			
If yes, previous name:	Street Address:	Phone:		
	City:	State:	Zip Code:	
Primary Care Provider:	Birth Hospital:			
Last Hearing Screen: (If reported that one ear referred, machine that one ear referred has been also as a second transfer of the content of the cont	ark referred – as both ears	should be re-tester	d.)	

Hearing Follow-up

Date of Testing (mm/dd/yyyy)

Left Ear Degree of Hearing Loss Permanent Childhood Peare of Hearing Loss Normal (-10 to 15 dB) Referred Referred Referred Slight Hearing Loss (16 - 25 dB) Mild (26 - 40 dB) Moderated (41 - 55 dB) Profound (-90 dB) Profound			
Yes No Cannot be Referred Slight Hearing Loss (16 - 25 dB) Mild (26 - 40 d			
Referred Referred Slight Hearing Loss (16 – 25 dB) Mild (26 - 40 dB) Mild (26 - 40 dB) Moderate (41 - 55 dB) Moderate (41 - 50 dB) Mod	Hearing Loss (PCHL)		
Slight Hearing Loss (16 – 25 dB) Slight Hearing Loss (16 – 25 dB) Mild (26 - 40 dB) Mild (26 - 40 dB) Moderate (41 - 55 dB) Moderate (41 -	Yes □ No □	,	,
Slight Hearing Loss (16 - 25 dB)	Cannot be		
time			
Comment: Moderately Severe (56 – 70 dB) Moderately Severe (56 – 70 dB) Severe (71 – 90 dB) Severe (71 – 90 dB) Severe (71 – 90 dB) Profound (>90 dB) Inconclusive - Further Testing Required* Inconclusive - Medical Referral Required Inconclusive - Medical Referral R			,
Comment: Severe (71 - 90 dB)	time □		
Profound (>90 dB)		, , ,	
Profoult (99 db)	Comment:		
Inconclusive - Medical Referral Required Type of Hearing Loss	Comment.		
Type of Hearing Loss Conductive Sensorineural Mixed Mixed Auditory Neuropathy Spectrum Disorder Sensorineural Mixed Auditory Neuropathy Spectrum Disorder Configuration of Hearing Loss Auditory Neuropathy Spectrum Disorder Configuration of Hearing Loss Cookie Bite Flat High Frequency Reverse Sloping Sloping Sloping Sloping Sloping Sloping Slight Hearing Loss (16 – 25 dB) Mid (26 - 40 dB) Moderate (41 - 55 dB) Moderate (41 - 50 dB) Severe (71 - 90 dB) Severe (71 - 90 dB) Severe (71 - 90 dB)			
Conductive Sensorineural Mixed Mixed Auditory Neuropathy Spectrum Disorder Mixed Auditory Neuropathy Spectrum Disorder Auditory Neuropathy Spectrum D		□ Inconclusive - Medical Referral Required	☐ Inconclusive - Medical Referral Required
Conductive Sensorineural Mixed Auditory Neuropathy Spectrum Disorder Mixed Auditory Neuropathy Spectrum Disorder		Type of Hearing Loss	Type of Hearing Loss
Sensorineural Mixed Mix			
Mixed			
□ Auditory Neuropathy Spectrum Disorder Configuration of Hearing Loss Cookie Bite Flat Flat High Frequency Reverse Sloping Sloping			
Configuration of Hearing Loss □ Cookie Bite □ Cookie Bite □ Flat □ High Frequency □ Reverse Sloping □ Reverse Sloping □ Sloping □ Sloping Best Sensitivity □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderate (41 - 55 dB) □ Severe (71 - 90 dB) □ Severe (71 - 90 dB) □ Profound (>90 dB) □ Slight Hearing Loss (16 - 25 dB) □ Mild (26 - 40 dB) □ Slight Hearing Loss (16 - 25 dB) □ Mild (26 - 40 dB) □ Slight Hearing Loss (16 - 25 dB) □ Mild (26 - 40 dB) □ Slight Hearing Loss (16 - 25 dB) □ Mild (26 - 40 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 - 70 dB) □ Moderately Severe (56 - 70 dB) □ Severe (71 - 90 dB) □ Severe (71 - 90 dB)			
Cookie Bite		a realisty recurspantly opecaram bisorder	a real opacity opecial in bisorder
Flat		Configuration of Hearing Loss	Configuration of Hearing Loss
High Frequency		□ Cookie Bite	□ Cookie Bite
□ Reverse Sloping □ Slight Hearing Loss (16 – 25 dB) □ Moderate (41 - 55 dB) □ Mild (26 - 40 dB) □ Mild (26 - 40 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderate (41 - 55 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Severe (71 – 90 dB)		□ Flat	
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Best Sensitivity		□ Reverse Sloping	□ Reverse Sloping
Slight Hearing Loss (16 – 25 dB)		□ Sloping	□ Sloping
Slight Hearing Loss (16 – 25 dB)		Book Consistinity	Post Consitivity
□ Mild (26 - 40 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 - 70 dB) □ Moderately Severe (56 - 70 dB) □ Severe (71 - 90 dB) □ Severe (71 - 90 dB) □ Profound (>90 dB) □ Profound (>90 dB) Worst Sensitivity □ Slight Hearing Loss (16 - 25 dB) □ Mild (26 - 40 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 - 70 dB) □ Moderately Severe (56 - 70 dB) □ Severe (71 - 90 dB) □ Severe (71 - 90 dB)			
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□ Severe (71 − 90 dB) □ Profound (>90 dB) Worst Sensitivity □ Slight Hearing Loss (16 − 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 − 70 dB) □ Severe (71 − 90 dB)			` ,
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□ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Severe (71 – 90 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB)			
□ Moderately Severe (56 – 70 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Severe (71 – 90 dB)		□ Mild (26 - 40 dB)	□ Mild (26 - 40 dB)
□ Severe (71 – 90 dB) □ Severe (71 – 90 dB)		□ Moderate (41 - 55 dB)	
		□ Moderately Severe (56 – 70 dB)	□ Moderately Severe (56 – 70 dB)
□ Profound (>90 dB) □ Profound (>90 dB)		□ Severe (71 – 90 dB)	□ Severe (71 – 90 dB)
		□ Profound (>90 dB)	□ Profound (>90 dB)

Type of Testing				
AABR □				
ABR (if checked, select one of the	e following) 🗆 Click (Only 🗆 Fr	requency specific	□ Clicks and Frequency Specific
OAE (if checked, select one of the	following) 🗆 Scree	en 🗆 D	iagnostic	□ Screen and Diagnostic
Tympanometry 🗆 (if checked, select one of the following) 🔻 226Hz 🗀 1000 Hz 🗀 Multi Frequency				
Acoustic Reflexes 🗆 (if checked, select one of the following) 🗅 Screen 🗀 Diagnostic				
Behavioral Testing (if checked, selection)	t one of the following)	□ BOA	□ VRA	 Conditioned Play Audiometry
Pure Tone Air				
Bone □				
Sound Field □				
Ear Specific		_		

Recommendations and Referrals			
Recommendations	□ Audiological follow-up.	(if checked, enter date)	(mm/yy)
	Loaners fit	_ (mm/yy)	
Hearing Aids	Personal Amplification Fit	(mm/yy)	
Recommended	Assistive listening device _	(mm/yy)	
	Declined amplification	(mm/yy)	
	Cochlear implant	(mm/yy)	

Referrals	Select all referrals from the Specialty		
	List:	□ Internal Medicine	□ Pedodontia
	□ Allergy & Immunology	□ Neonatology	□ Periodontia
	□ Anesthesiology	□ Nephrology	□ Physiatry
	□ Cardiology	□ Neurological Surgery	□ Physical Medicine & Rehab
	□ Cardiovascular Surgery	□ Neurology	□ Plastic Surgery
	□ Dermatology	□ Obstetrics/Gynecology	□ Podiatry
	□ Emergency Medicine	□ Oncology	□ Prosthodontia
	□ Endocrinology	□ Opthalmology	□ Psychiatry
	□ Endodontia	□ Optometry	□ Psychology
	□ Family Practice	□ Oral Surgery	□ Pulmonary Disease
	□ Gastroenterology	□ Orthodontia	□ Radiology
	□ General Practice	□ Orthopedics	□ Rheumatology
	□ Genetics	□ Osteopathic	□ Surgery
	□ Hand Surgery	□ Otolaryngology	□ Thoracic Surgery
	□ Hematology	□ Otorhinolaryngology	□ Urology
	□ Infectious Disease	□ Pathology	3,
		□ Pediatrics	Other:
Early Intervention	Dart C / Eiret Stone)		Date Referred(mm/yy)
,	☐ Part C (First Steps): ☐ Referred ☐ Not Referred ☐ Currently Enrolled in Services.		Date Enrolled (mm/yy)
	☐ Other Private/Independent Therapist:		Date Referred(mm/yy)
	□ Referred □ Not Referred □ Currently Enrolled in Services.		Date Enrolled(mm/yy)
		•	
	Results and R	Recommendations	
Cianatura			
Signature:			