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 If yes, previous name:	**Parent or Guardian Name:** Street Address: Phone: City: State: Zip Code:
Primary Care Provider:	**Birth Hospital:**

Last Hearing Screen: (If reported that one ear referred, mark referred – as both ears should be re-tested.)

Left Ear	☐ Passed	☐ Referred
Right Ear	☐ Passed	☐ Referred

Hearing Follow-up

Date of Testing (mm/dd/yyyy)

Permanent Childhood Hearing Loss (PCHL)	**Left Ear**	**Right Ear**
Yes □ No □ **Cannot be determined at this time** □ **Comment:**	**<u>Degree of Hearing Loss</u>** □ Normal (-10 to 15 dB) □ Referred □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Profound (>90 dB) □ Inconclusive - Further Testing Required* □ Inconclusive - Medical Referral Required **<u>Type of Hearing Loss</u>** □ Conductive □ Sensorineural □ Mixed □ Auditory Neuropathy Spectrum Disorder **<u>Configuration of Hearing Loss</u>** □ Cookie Bite □ Flat □ High Frequency □ Reverse Sloping □ Sloping **<u>Best Sensitivity</u>** □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Profound (>90 dB) **<u>Worst Sensitivity</u>** □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Profound (>90 dB)	**<u>Degree of Hearing Loss</u>** □ Normal (-10 to 15 dB) □ Referred □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Profound (>90 dB) □ Inconclusive - Further Testing Required* □ Inconclusive - Medical Referral Required **<u>Type of Hearing Loss</u>** □ Conductive □ Sensorineural □ Mixed □ Auditory Neuropathy Spectrum Disorder **<u>Configuration of Hearing Loss</u>** □ Cookie Bite □ Flat □ High Frequency □ Reverse Sloping □ Sloping **<u>Best Sensitivity</u>** □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Profound (>90 dB) **<u>Worst Sensitivity</u>** □ Slight Hearing Loss (16 – 25 dB) □ Mild (26 - 40 dB) □ Moderate (41 - 55 dB) □ Moderately Severe (56 – 70 dB) □ Severe (71 – 90 dB) □ Profound (>90 dB)

Type of Testing				
AABR □				
ABR □	(if checked, select one of the following)	□ Click Only	□ Frequency specific	□ Clicks and Frequency Specific
OAE □	(if checked, select one of the following)	□ Screen	□ Diagnostic	□ 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, select one of the following)	□ BOA	□ VRA	□ Conditioned Play Audiometry
Pure Tone Air □				
Bone □				
Sound Field □				
Ear Specific □				

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

Referrals	Select all referrals from the Specialty List: □ Allergy & Immunology □ Anesthesiology □ Cardiology □ Cardiovascular Surgery □ Dermatology □ Emergency Medicine □ Endocrinology □ Endodontia □ Family Practice □ Gastroenterology □ General Practice □ Genetics □ Hand Surgery □ Hematology □ Infectious Disease	□ Internal Medicine □ Neonatology □ Nephrology □ Neurological Surgery □ Neurology □ Obstetrics/Gynecology □ Oncology □ Opthalmology □ Optometry □ Oral Surgery □ Orthodontia □ Orthopedics □ Osteopathic □ Otolaryngology □ Otorhinolaryngology □ Pathology □ Pediatrics	□ Pedodontia □ Periodontia □ Physiatry □ Physical Medicine & Rehab □ Plastic Surgery □ Podiatry □ Prosthodontia □ Psychiatry □ Psychology □ Pulmonary Disease □ Radiology □ Rheumatology □ Surgery □ Thoracic Surgery □ Urology Other:

Early Intervention	☐ **Part C (First Steps):** □ Referred □ Not Referred □ Currently Enrolled in Services. ☐ **Other Private/Independent Therapist:** □ Referred □ Not Referred □ Currently Enrolled in Services.	Date Referred ______(mm/yy) Date Enrolled ______(mm/yy) Date Referred ______(mm/yy) Date Enrolled ______(mm/yy)

Results and Recommendations

Signature: ____