



Texas Early Hearing Detection and Intervention Reporting Form

★ Diagnostic Evaluation ★

Please complete all areas of the form and fax the completed form to 817-385-3939 ATTN: TEHDI Program. Contact TEHDI@revvity.com for assistance and information about electronic reporting.

Today's Date :	Date of Service:	Reason for Service:
Name of Person Completing Form:		Phone Number:
Office/Practice/Facility Name , City:		Email Address:
CHILD INFORMATION ★ Indicates required fields		
★ Child's Name (Last, First):	★ Date of Birth:	★ Gender:
★ Birth Hospital's Name, City:	★ Mother's Name:	
Guardian's Name:	Guardian's phone number:	
Guardian's Street Address:	Guardian's City, State, Zip Code:	
Primary Care Physician's (PCP) Name, City:	PCP's Phone Number:	

DIAGNOSTIC EVALUATION RESULTS

Diagnostic Tests Performed (Check all that apply):

DPOAE* TEOAE* Tympanometry Click ABR Toneburst ABR BOA VRA Puretone ASSR

Other (please list): _____

*Note: OAE testing alone is not enough information for initial diagnosis. Confirmatory testing for infants should consist of a test battery to evaluate the entire auditory system and include at a minimum electrophysiological measures (e.g., ABR).

Right Ear Diagnosis		Left Ear Diagnosis	
Type (Check One):	Degree (Check One):	Type (Check One):	Degree (Check One):
Normal	Not Applicable	Normal	Not Applicable
Sensorineural	Slight (16-25 dBHL)	Sensorineural	Slight (16-25 dBHL)
Conductive	Mild (26-40 dBHL)	Conductive	Mild (26-40 dBHL)
Mixed	Moderate (41-55 dBHL)	Mixed	Moderate (41-55 dBHL)
Auditory Neuropathy	Mod. Severe (56-70 dBHL)	Auditory Neuropathy	Mod. Severe (56-70 dBHL)
Not Yet Determined	Severe (71-90 dBHL)	Not Yet Determined	Severe (71-90 dBHL)
	Profound (91+ dBHL)		Profound (91+ dBHL)

EARLY CHILDHOOD INTERVENTION (ECI) REFERRAL

Date of Referral:	ECI Provider Name:
Notes/Recommendations:	