TEXAS Health and Human Services

Texas Department of State Health Services

Texas Early Hearing Detection and Intervention Outpatient Hearing Screening Reporting Form

OUTPATIENT HEARING SCREENING

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:	

OUTPATIENT SCREENING RESULTS

Screening Types Performed	RIGHT EAR RESULTS			LEFT EAR RESULTS		
AABR	☐ Pass	☐ Refer	☐ Not Done	☐ Pass	☐ Refer	☐ Not Done
DPOAE	☐ Pass	☐ Refer	☐ Not Done	☐ Pass	☐ Refer	☐ Not Done
TEOAE	☐ Pass	☐ Refer	☐ Not Done	☐ Pass	☐ Refer	☐ Not Done

EARLY CHILDHOOD INTERVENTION (ECI) REFERRAL

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