



Formulario de resultados de la evaluación de audición pediátrica

Pediatric Hearing Screening Results Form

Directions: Use this form for early childhood or school-aged hearing screenings. Provide caregiver/s with a copy of this form, and keep a copy for your records.

PATIENT INFORMATION:

Child Name: (Last)	Child Name: (First)	Date of Birth: / /	Date of Screening: / /
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other:	Child's School Name: (If applicable)	
Parent/Guardian Name: (Last)	Parent/Guardian Name: (First)	Phone Number:	

Select One: Initial hearing screen Final hearing screen


Note: A second/final hearing screen is not required, but if completed, should be completed 2 weeks following the failed initial screen.

PURE TONE SCREENING <i>This is the <u>primary method</u> of hearing screening.</i>				AUTOMATED OTOACOUSTIC EMISSIONS (AOAE) <i>AOAEs should <u>only</u> be completed if the child is developmentally unable to complete pure tone screening.</i>					
RESULTS (If applicable): <i>Mark a "P" for "Pass" and "F" for "Fail" for each frequency tested. A Fail at any one frequency for either ear results in a Fail result for the screen. If unable to screen, write "CNT" (Could Not Test) and provide justification in the notes section below.</i> <i>*Use 6-8 kHz if your screening protocol includes high-frequency screening.</i>				RESULTS (If applicable): <i>A "Fail" for either ear results in a fail result for the screen.</i>					
	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz*	8000 Hz*		Pass	Fail
Right Ear							Right Ear		
Left Ear							Left Ear		

RESULTADOS Y RECOMENDACIONES / RESULTS AND RECOMMENDATIONS:

- Pasó la evaluación de la audición en ambos oídos.** Acuda a una consulta de control de seguimiento con el médico de atención primaria si surgen inquietudes relacionadas al habla o a la audición. *Passed hearing screen for both ears. Follow-up with primary care physician if concerns of speech and/or hearing arise. Select type of test used below.*
 - OAE (if selected, provide comments below explaining why pure tone screening could not be completed.)
 - Pure Tone Screening
- No pasó la evaluación de la audición.** *Failed hearing screen. Select all that apply.*
 - Debe volver en dos semanas para repetir la prueba de audición. *Return in two weeks to rescreen hearing.*
 - Al niño debe verlo un audiólogo pediatra para que le haga una evaluación de la audición, lo antes posible. *Child should be seen by a pediatric audiologist for a hearing evaluation as soon as possible.*
 - Al niño debe verlo un médico de atención primaria para que le haga una evaluación médica. *Child should be seen by primary care physician for medical evaluation.*
- No se hizo o no se pudo terminar la prueba.** *Did Not Test/Could Not Complete. (If checked, select reason below)*
 - El niño no logró completar la tarea debido al nivel de desarrollo. *Child is unable to complete task due to developmental level*
 - El niño se niega a usar audífonos. *Child is averse to wearing headphones*
 - No se pudo mantener el sello de aislamiento para completar la evaluación. *Could not maintain seal to complete screen*
 - El niño se niega a que le coloquen el otoscopio. *Child is averse to tip placement*
 - Otra *Other (must explain):*



Screener's Name (Please print):	Screener's Title:	Date of Screening:	 Escanee el código QR para encontrar un proveedor de seguimiento

Screener's Signature: _____

By signing, I certify that the child has received the hearing screen, and the results are accurate to the best of my knowledge.