



**REFERRAL AND TRACKING FORM  
ARIZONA EARLY HEARING DETECTION AND INTERVENTION &  
ARIZONA STATE SCHOOLS FOR THE DEAF AND THE BLIND  
TUCSON**



PLEASE FAX WITH ASSESSMENT RESULTS WITHIN 48 HOURS TO:

ASDB fax: 520-770-3010    phone: 520-770-3002  
AzEHDI fax: 602-364-1495    phone: 602-364-1409

**NAME OF CHILD:** \_\_\_\_\_ **CHILD BIRTH DATE:** \_\_\_\_\_

**DATE REFERRED:** \_\_\_\_\_ **BIRTH HOSPITAL:** \_\_\_\_\_  MALE  FEMALE

**MOTHER'S FULL NAME:** \_\_\_\_\_ **MOTHER BIRTHDATE:** \_\_\_\_\_

**ADDRESS WITH CITY & ZIP:** \_\_\_\_\_

**PRIMARY PERSON TO CONTACT:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **HOME LANGUAGE :** \_\_\_\_\_

**TO WHAT AGENCY OR SPECIALIST HAVE YOU REFERRED THIS CHILD?**

DDD REFERRAL MADE: YES  NO  ALREADY ENROLLED   
 CRS REFERRAL MADE: YES  NO  ALREADY ENROLLED   
 ENT REFERRAL MADE: YES  NO  ENT PROVIDER NAME: \_\_\_\_\_

OTHER AGENCY: \_\_\_\_\_  
 OTHER SPECIALTY: \_\_\_\_\_

**AUDIOLOGIST NAME:** \_\_\_\_\_ **DATE OF EVALUATION:** \_\_\_\_\_

- Fax to both if...**
- Under 3 years of age
  - Bilateral hearing loss
  - Sensorineural or Permanent Conductive
  - Auditory Neuropathy
- Fax to AzEHDI only if...**
- Over 3 years of age or
  - Unilateral
  - Ruled out Hearing Loss in a Child under 3 (normal hearing results)

**TESTING THAT DETERMINED HEARING LOSS (MARK ALL THAT APPLY)**

<b>ABR:</b>	<b>BEHAVIORAL:</b>
<input type="checkbox"/> CLICKS	<input type="checkbox"/> VRA
<input type="checkbox"/> TONE BURSTS/PIPS	<input type="checkbox"/> BOA
<input type="checkbox"/> BONE CONDUCTION	<input type="checkbox"/> PLAY
<input type="checkbox"/> ASSR	<input type="checkbox"/> CONVENTIONAL

**HEARING LOSS:**  CONFIRMED  Preliminary    NEXT APPT: \_\_\_\_\_

<b>DEGREE:</b>	RIGHT	LEFT	<b>TYPE:</b>	RIGHT	LEFT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NORMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CONDUCTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PERMANENT CONDUCTIVE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MODERATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MIXED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SEVERE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SENSORINEURAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PROFOUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NEUROPATHY

**AMPLIFICATION:** RIGHT  LEFT     **ANTICIPATED FITTING DATE:** \_\_\_\_\_

**OTHER DISABILITIES/CONCERNS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_