

# UNHSEIP Diagnostic Assessment Data Form

<b>NHI number:</b>	<b>DOB:</b>
<b>Last name:</b>	<b>First name:</b>
<b>Referral reason: screening</b> <input type="checkbox"/> <b>Protocol:</b> NICU <input type="checkbox"/> Well baby <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/>	<b>Referral reason: targeted follow-up</b> <input type="checkbox"/>
<b>Audiologist name:</b>	<b>DHB:</b>

<b>Assessment started</b>  <b style="color: red;">still in progress:</b> <input type="checkbox"/> (send form to NSU)  <b>Start Date:</b>	<b>Assessment completed</b> <input type="checkbox"/> (complete final assessment below and send form to NSU)  <b>End Date:</b>	<b>Not assessed</b> DNA <input type="checkbox"/> Declined <input type="checkbox"/> Other - specify <input type="checkbox"/> (send form to NSU)  <b>Date:</b>
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## Final test results

ABR(eHL)  VRA(dBHL)  Play(dBHL)  OAE

Stimulus	Right		Left	
	AC	BC	AC	BC
500HZ				
1 kHz				
2 kHz				
4 kHz				
<b>OAE</b>	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>	Pass <input type="checkbox"/>	Refer <input type="checkbox"/>

Right	Left	Referral(s) to:	
Not assessed	Not assessed	GP	
Pass	Pass	ENT/ORL	
Sensorineural	Sensorineural	AODC	
Conductive temp.	Conductive temp.	Paediatrician	
Conductive perm.	Conductive perm.	Other medical	
Mixed	Mixed		
ANSD	ANSD		
DNA /discharged	DNA/ discharged		

**Comments to NSU**