

THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

HEARING LOSS TESTING PATIENT HISTORY FORM

Patient Name: _____ **Date of Birth:** _____

Sex Assigned at Birth: Female Male Intersex **Gender Identity (optional):** Female Male _____

Ordering Provider: _____ **Provider's Phone:** _____

Practice Specialty: _____ **Provider's Fax:** _____

Genetic Counselor: _____ **Counselor's Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

African American/Black Asian Hispanic White Other: _____

List country of origin (if known): _____

Did the patient fail the newborn hearing screen? No Yes Unknown N/A

Suspected diagnosis: _____

Does the patient have hearing loss? No Yes, age of onset: _____

Laterality: Bilateral Unilateral Unknown

Classified as: Sensorineural Conductive Mixed Other

Considered: Stable Progressive Unknown

Degree:

Right ear: _____ dB Unknown N/A

Mild (26–40 dB) Moderate (41–55 dB) Moderate-Severe (56–70 dB) Severe (71–90 dB) Profound (>90 dB)

Left ear: _____ dB Unknown N/A

Mild (26–40 dB) Moderate (41–55 dB) Moderate-Severe (56–70 dB) Severe (71–90 dB) Profound (>90 dB)

Did the patient have a CT or MRI showing an enlarged vestibular aqueduct? No Yes Unknown

Does the patient have findings other than hearing loss? No Yes, please describe: _____

Has this patient undergone previous DNA testing to determine the cause of hearing loss? No Yes Unknown

If yes, please list gene/mutation tested and result: _____

Does the patient have a family history of hearing loss? No Yes Unknown

If yes, please attach a pedigree or specify the relationship of family member(s) to the patient: _____

List the degree of hearing loss age(s) of onset: _____

Has DNA testing been performed for these family member(s)? No Yes Unknown

yes, attach a copy of the relative's DNA laboratory result. (REQUIRED for familial mutation testing.) _____

Master Label

For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.