

**REFERRAL AUDIOGRAM**

Screening Results  
(Please Circle)

Date: \_\_\_\_\_

PASS      FAIL

Name: \_\_\_\_\_

School District: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_

Birth Date: \_\_\_\_\_

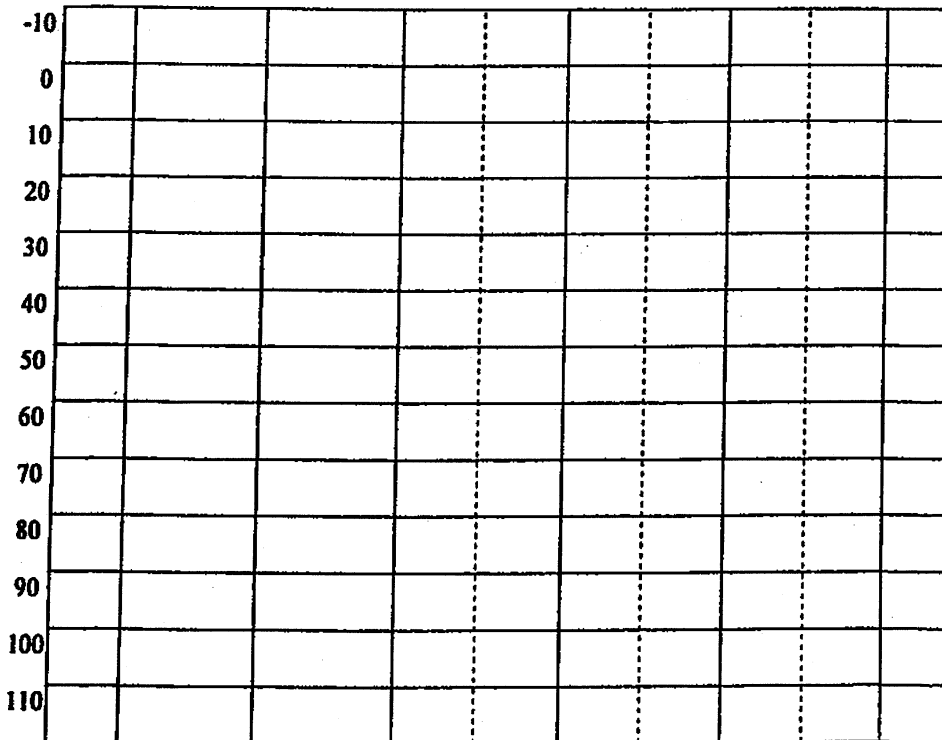
Phone Number: \_\_\_\_\_

**Hearing Screening Record**

Frequency		500	1000	2000
Right Ear				
Left Ear				

√ Indicates failure at prescribe screening level

250      500      1000    1500    2000    3000    4000    6000    8000



**O Right Ear  
(Red)**

**X Left Ear  
(Blue)**

**Pure Tone Average**

**RE -**

**LE -**

**Comments:** \_\_\_\_\_

**Tester:** \_\_\_\_\_

**Title:** \_\_\_\_\_