



**NEWBORN HEARING SCREENING REPORT AND REFERRAL FORM**  
 EARLY HEARING DETECTION AND INTERVENTION PROGRAM  
 Children's Medical Services, Family Health Bureau  
*Birth Hospital/Birth Center is required to report hearing screen results for every birth.*

Date Faxed / Mailed: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

Phone Number of Person Completing Referral Form: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Birth Center/Hospital: \_\_\_\_\_

Hospital Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Baby's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Baby's Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female    Baby's Date of Birth: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**Doctor Who Will Follow Baby Post Discharge:**

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

Address, City, State: \_\_\_\_\_

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

**Parent Contact Information:**

Mother's Name: \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

Mother's Primary Language: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Please include apartment #, trailer space #, etc.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Baby Has Hearing Loss Risk Factor(s):** \_\_\_\_\_ Ototoxic Drugs \_\_\_\_\_ Prematurity \_\_\_\_\_ NICU  
 \_\_\_\_\_ Atresia/Microtia \_\_\_\_\_ Craniofacial Anomalies \_\_\_\_\_ Family History of Hearing Loss \_\_\_\_\_ Syndrome

**Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing** \_\_\_\_\_

**Loss: Hearing Screen Results (Use dropdown menu)**

Date(s) of Screen(s): _____	<b>Right Ear:</b>	<b>Left Ear:</b>
	_____ <b>Right Ear:</b>	_____ <b>Left Ear:</b>
	_____ <b>Right Ear:</b>	_____ <b>Left Ear:</b>

**Baby must pass screen in both ears during the same screen for it to be a pass.**

Total # of Screens: \_\_\_\_\_ (Screen No More than 2 times unless 2<sup>nd</sup> screen was incomplete)

\_\_\_\_\_ **Discharged Without Screen Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

\_\_\_\_\_ **Transferred Date:** \_\_\_\_\_ **Transferred to:** \_\_\_\_\_

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

Mother's signature for release: \_\_\_\_\_ Date: \_\_\_\_\_