

**Confidential**



# Newborn/Infant Hearing Screening Report

## Demographic Data

Medical Record No. \_\_\_\_\_ Birth Hospital \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birth/New Last Name \_\_\_\_\_ First \_\_\_\_\_  Female  Male

Gestational Age \_\_\_\_\_ Race \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Mother's SS# \_\_\_\_\_

Mother's Age \_\_\_\_\_ Mother's Race \_\_\_\_\_ Mother's Ethnicity \_\_\_\_\_ Mother's Educational Level \_\_\_\_\_

Emergency Contact/Name \_\_\_\_\_ Phone \_\_\_\_\_

Significant Medical History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## JCIH Risk Indicator for Progressive Hearing Loss

- Findings associated with a syndrome known to include a sensorineural and or conductive hearing loss
- Family history of permanent childhood sensorineural hearing loss
- Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal
- In-utero infection such as (CMV, herpes, toxoplasmosis, rubella) \_\_\_\_\_

## Hearing Screening Results

1st Screen Date \_\_\_\_\_ Results: R \_\_\_\_\_ /L \_\_\_\_\_  AABR  OAE

2nd Screen Date \_\_\_\_\_ Results: R \_\_\_\_\_ /L \_\_\_\_\_  AABR  OAE

Outpatient (3rd) Screen Date \_\_\_\_\_ (not less than 2-3 days after discharge, but not more than 1 month after discharge)

Results: R \_\_\_\_\_ /L \_\_\_\_\_  AABR  OAE

## Referrals

Parent/Caregiver Given Appointment with:  Hospital  Audiologist Appointment Date/Time \_\_\_\_\_

Referral for Diagnostic Evaluation?  No  Yes

Audiologist/Clinic \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## Reporting Purpose

Refer at Time of 3rd Screen  Progressive Hearing Loss Indicator

No-show at Time of 3rd Screen  Other \_\_\_\_\_

Refused Screening  Deceased  Transfer to \_\_\_\_\_

Notes/Comments \_\_\_\_\_

Signature \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_

Phone: 1-800-451-3903 or 601/576-7427  
 Fax: 601/576-7540  
 Mail: Mississippi State Department of Health,  
 570 East Woodrow Wilson  
 Post Office Box 1700, Jackson, Mississippi 39215-1700

White Copy - MSDH  
 Canary Copy - Patient Medical  
 Pink Copy - Primary Care Provider  
 Goldenrod Copy - Audiologist