

Universal Newborn Hearing Screening, Diagnosis, and Intervention

Learning about Hearing Loss -- A Family's Checklist

Child's Name: _____

Child's Date of Birth: ___/___/___

Birth	Before 1 Month	Before 3 Months	Before 6 Months																				
<p>Checkups with Health Care Provider ▶ <input type="checkbox"/></p> <p style="text-align: center;">2-4 days</p> <p><input type="checkbox"/> <u>Hospital Birth:</u> Newborn Hearing Screen</p> <p>Date: ___/___/___</p> <p>Screening Results</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left Ear</u></td> <td style="text-align: center;"><u>Right Ear</u></td> </tr> <tr> <td><input type="checkbox"/> Refer</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Not screened (missed)</td> <td><input type="checkbox"/></td> </tr> </table> <p>Be sure your doctor gets the results. If your baby does not pass the screening on both ears, or was not screened, schedule an Outpatient Screen (or evaluation by a Pediatric Audiologist [Hearing Specialist]).</p> <p><input type="checkbox"/> <u>Home Birth:</u> Contact _____ to schedule a hearing screening</p>	<u>Left Ear</u>	<u>Right Ear</u>	<input type="checkbox"/> Refer	<input type="checkbox"/>	<input type="checkbox"/> Pass	<input type="checkbox"/>	<input type="checkbox"/> Not screened (missed)	<input type="checkbox"/>	<p><input type="checkbox"/> <u>Outpatient Hearing Screen (or Rescreen)</u></p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p>Screening Results</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left Ear</u></td> <td style="text-align: center;"><u>Right Ear</u></td> </tr> <tr> <td><input type="checkbox"/> Refer</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Pass</td> <td><input type="checkbox"/></td> </tr> </table> <p>Be sure your doctor gets the results. If your baby does not pass the screening on both ears, make an appointment to see a Pediatric Audiologist [Hearing Specialist].</p>	<u>Left Ear</u>	<u>Right Ear</u>	<input type="checkbox"/> Refer	<input type="checkbox"/>	<input type="checkbox"/> Pass	<input type="checkbox"/>	<p><input type="checkbox"/> <u>Evaluation by Pediatric Audiologist¹ (Hearing Specialist) with experience testing children 0 – 2 years of age. (Babies over 4 mos. old may need sedation.) Be sure your doctor gets the results.</u></p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p>Test Results</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left Ear</u></td> <td style="text-align: center;"><u>Right Ear</u></td> </tr> <tr> <td><input type="checkbox"/> Normal hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hearing loss</td> <td><input type="checkbox"/></td> </tr> </table> <p><input type="checkbox"/> Visit www.babyhearing.org</p> <p>If a baby has a <u>HEARING LOSS</u>, the next steps are:</p> <p><input type="checkbox"/> Contact family support groups (IMPACT – 1-877-322-7299; www.impactfamilies.org)</p> <p><input type="checkbox"/> Referral to early intervention program (Early Start – 1-866-505-9388)</p> <p><input type="checkbox"/> Evaluation by an ENT¹ (Ear, Nose and Throat doctor) with experience treating children 0 – 2 years of age.</p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p><input type="checkbox"/> Learn about communication options and programs</p> <p><input type="checkbox"/> Hearing aid fitting and monitoring by a Pediatric Audiologist, if needed, including information on loaner hearing aids</p> <p><input type="checkbox"/> Learn about assistive listening devices (such as FM systems, cochlear implants, etc.)</p>	<u>Left Ear</u>	<u>Right Ear</u>	<input type="checkbox"/> Normal hearing	<input type="checkbox"/>	<input type="checkbox"/> Hearing loss	<input type="checkbox"/>	<p><input type="checkbox"/> <u>Enroll in early intervention program that has experience serving children with hearing loss</u></p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p><input type="checkbox"/> Get more information about communication options and programs</p> <p><input type="checkbox"/> Regular visits to a Pediatric Audiologist</p> <p>Evaluations:</p> <p><input type="checkbox"/> Ophthalmologist¹ (eye specialist) every year</p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p><input type="checkbox"/> Genetic Specialist¹, if appropriate</p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p><input type="checkbox"/> Other Medical Specialists¹ (heart, development, kidneys, etc.) as needed</p> <p>Place: _____</p> <p>Date: ___/___/___</p> <p>¹You will usually need a referral from your doctor to see these specialists</p> <p>Many services may be available at no cost; contact your California Newborn Hearing Screening Program Hearing Coordination Center at 1-877-388-5301</p>
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<p><u>Service Provider Contact Information</u></p> <p>Health Care Provider: _____</p> <p>Pediatric Audiologist: _____</p> <p>Early Intervention Provider: _____</p> <p>Family Support Group: _____</p> <p>Other: _____</p>																							