

Universal Newborn Hearing Screening, Diagnosis and Management

Patient name: _____

Date of birth: _____

Patient Checklist for Audiologists Providing Management Services

Level 1 Hospital based Inpatient Screening Results (OAE/AABR)

Date: ____/____/____

Left Ear: ☐ Missed ☐ Incomplete ☐ Refer ☐ Pass
Right Ear: ☐ Missed ☐ Incomplete ☐ Refer ☐ Pass

Level 2 Outpatient Screening Results (OAE/AABR)

Date: ____/____/____

Left Ear: ☐ Missed ☐ Incomplete ☐ Refer ☐ Pass
Right Ear: ☐ Missed ☐ Incomplete ☐ Refer ☐ Pass

Level 3 Diagnostic

Date: ____/____/____

Left Ear: ☐ WNL ☐ Hearing loss ☐ Incomplete
Right Ear: ☐ WNL ☐ Hearing loss ☐ Incomplete

Level 3 diagnostic form and report sent to Infant Hearing Program

Date: ____/____/____

Level 3 Diagnostic outcome reported to Primary Care Physician _____

Date: ____/____/____

Referred for Medical and Otologic Evaluations for Medical clearance for Hearing Aid Use

Date: ____/____/____

Refer to MD Infant and Toddler Program

Date: ____/____/____

Refer to Genetics

Date: ____/____/____

Identify Indicators for Progressive Hearing Loss (Infections during pregnancy (e.g., CMV, herpes, German measles, syphilis and toxoplasmosis), Hx of permanent childhood hearing loss in family, any syndrome associated with hearing loss, infections associated with hearing loss after birth (e.g., bacterial meningitis), problems at birth involving breathing requiring long-term oxygen, neurofibromatosis, osteoporosis, Usher's syndrome, neurologic diseases (e.g., Hunter syndrome, Freidrich's ataxia, Charcot-Marie-Tooth syndrome), head trauma, frequent ear infections with fluid lasting more than three months.

Date: ____/____/____

Refer other family members for diagnostic testing

Date: ____/____/____

Maryland State Department of Health and Mental Hygiene

201 West Preston Street, Room 423A

Baltimore, MD 21201

1-800-633-1316 or 410-767-6749

County	<u>Infants and Toddlers</u>
<i>Allegany County</i>	301-689-0466
<i>Anne Arundel County</i>	410-222-6911
<i>Baltimore City</i>	410-396-1666
<i>Baltimore County</i>	410-887-2169
<i>Calvert County</i>	410-535-5400 ext. 388
<i>Caroline County</i>	410-479-4419
<i>Carroll County</i>	410-876-4437
<i>Cecil County</i>	410-996-5444
<i>Charles County</i>	301-609-6808
<i>Dorchester County</i>	410-221-0837
<i>Frederick County</i>	301-694-1612
<i>Garrett County</i>	301-334-1189
<i>Harford County</i>	410-638-3823
<i>Howard County</i>	410-313-7017
<i>Kent County</i>	410-778-7038
<i>Montgomery County</i>	240-777-3997
<i>Prince George's County</i>	301-985-3811
<i>Queen Anne's County</i>	410-758-2403 ext. 180
<i>Somerset County</i>	410-651-1485
<i>St. Mary's County</i>	301-475-4393
<i>Talbot County</i>	410-820-0319
<i>Washington County</i>	301-766-8217
<i>Wicomico County</i>	410-543-6920
<i>Worcester County</i>	410-632-2582 ext.233
<i>Maryland School for the Deaf</i>	(Phone/TDD) 410-480-4540

Provided Family with Educational Materials and Videos

Date: __/__/__

Advise Family about Hearing Aids, cochlear implants and Other Communication Options

Date: __/__/__

Hearing Aid Issuance and Orientation

Date: __/__/__

Real Ear Measurements

Date: __/__/__

Functional Gain Measurements

Date: __/__/__

Schedule follow-up Audiologic Evaluation

Date: __/__/__

Consultation with direct service providers (SLP, educators) re:

Date: __/__/__

Progress with amplification

Date: __/__/__

Date: __/__/__

Date: __/__/__

Initial assessment of communication skills:

Expressive _____

Date: __/__/__

Receptive _____

Date: __/__/__

Comments _____

Date: __/__/__

Six-month follow-up assessment of communication skills:

Expressive _____

Date: __/__/__

Receptive _____

Date: __/__/__

Comments _____

Date: __/__/__

Diagnostic audiologist – Please forward this forward this form to audiologist providing on-going services

Form date: 5/31/2006