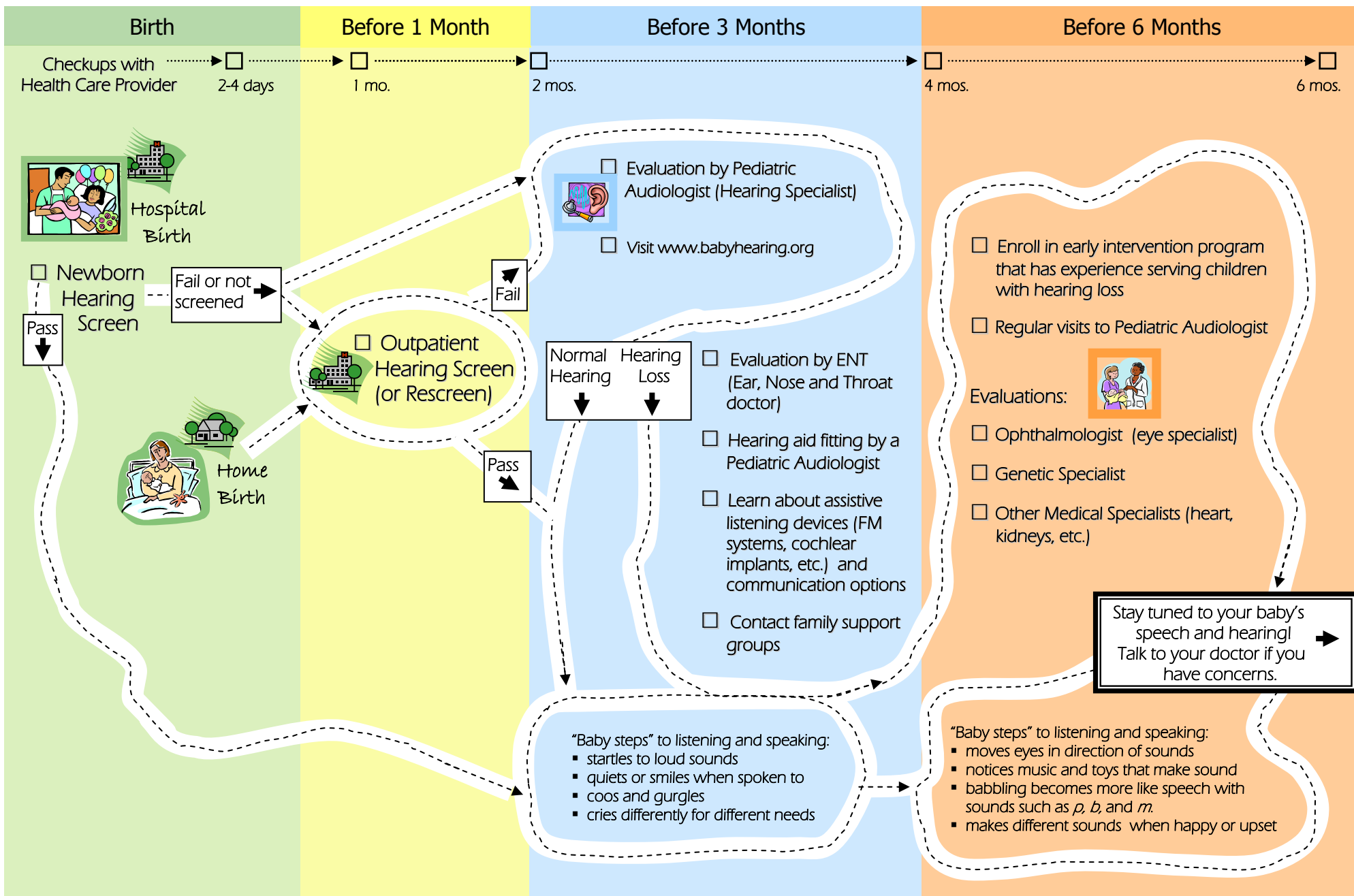


# Universal Newborn Hearing Screening, Diagnosis, and Intervention

## Learning about Hearing Loss -- A Roadmap for Families



# 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 <span style="float: right;">▶ <input type="checkbox"/> 2-4 days</span></p> <p><input type="checkbox"/> <u>Hospital Birth:</u> Newborn Hearing Screen 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"/> Fail</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"/> Fail	<input type="checkbox"/>	<input type="checkbox"/> Pass	<input type="checkbox"/>	<input type="checkbox"/> Not screened (missed)	<input type="checkbox"/>	<p><input type="checkbox"/> Outpatient Hearing Screen (or Rescreen) Place: _____ 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"/> Fail</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"/> Fail	<input type="checkbox"/>	<input type="checkbox"/> Pass	<input type="checkbox"/>	<p><input type="checkbox"/> Evaluation by Pediatric Audiologist<sup>1,2</sup> (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. Place: _____ 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 <a href="http://www.babyhearing.org">www.babyhearing.org</a></p> <p>If a baby has a <u>HEARING LOSS</u>, the next steps are:</p> <p><input type="checkbox"/> Evaluation by an ENT<sup>1</sup> (Ear, Nose and Throat doctor) Place: _____ Date: ___/___/___</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 (FM systems, cochlear implants, etc.) and communication options</p> <p><input type="checkbox"/> Contact family support groups</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"/> Enroll in early intervention program that has experience serving children with hearing loss Place: _____ Date: ___/___/___</p> <p><input type="checkbox"/> Regular visits to a Pediatric Audiologist</p> <p>Evaluations:</p> <p><input type="checkbox"/> Ophthalmologist<sup>1</sup> (eye specialist) every year Place: _____ Date: ___/___/___</p> <p><input type="checkbox"/> Genetic Specialist<sup>1</sup> Place: _____ Date: ___/___/___</p> <p><input type="checkbox"/> Other Medical Specialists<sup>1</sup> (heart, kidneys, etc.) as needed Place: _____ Date: ___/___/___</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>			<p><sup>1</sup>You will usually need a referral from your doctor to see these specialists</p> <p><sup>2</sup>Many services may be available at no cost; contact your state Early Hearing Detection and Intervention (EHDI) program coordinator at 1-866-HEAR (4327) or visit <a href="http://www.hearandnow.org">www.hearandnow.org</a></p>																				