

Universal Newborn Hearing Screening, Diagnosis and Management

Patient name: _____
Date of birth: _____

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

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: ___/___/___

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