California Newborn Hearing Screening
Program Outpatient Screening Reporting

Please complete all relevant information and submit within 7 days of child's outpatient hearing screening.

Acronyms defined: AKA-Also Known As, DOB-Date of Birth, WBN-Well Baby Nursery, NICU-Neonatal Intensive Care, HMO-Health Maintenance Organization, DPOAE-Distortion Product Otoacoustic Emission, TEOAE-Transient Evoked Otoacoustic Emission, ABR-Auditory Brainstem Response, CCS-California Children's Services, OAE-Otoacoustic Emissions

OUTPATIENT SCREEING REPORTING			
I. Patient Information			
Infant's Name:			AKA
What sex is listed on infant's birth certificate:			DOB
Mother's Name (or Legal Guardian):			Phone
Address:			
Primary Language: ☐ English ☐ Spanish ☐ Other (specify)			
Birth Hospital:	☐ WBN ☐ NICU		County
Insurance: ☐ Medi-Cal ☐ HMO ☐ Private Insurance ☐ Uninsured ☐ Unknown			
Medical Record Number:			
II. Screening			
Screening Provider:			Screening Date:
Primary Care Provider:			
Phone:			Fax:
Comments:			
III. Screening Results			
☐ Initial Screen (1st, no previous screening inpatient or outpatient) ☐ Re-screen (2nd)			
	DPOAE	**TEOAE**	**ABR(Screening)**
Right Ear	☐ Pass ☐ Refer	☐ Pass ☐ Refer	☐ Pass ☐ Refer
Left Ear	☐ Pass ☐ Refer	☐ Pass ☐ Refer	☐ Pass ☐ Refer
IV. For Infants Who Do Not Pass the Outpatient Screening Referral to CCS			
Name of County:		Date:	
Family's CCS application was forwarded to local CCS Program Yes ☐ No ☐			
Referred for Diagnostic Evaluation			
Name of Provider:		Date of Appointment:	
Reason not scheduled:		Phone:	
Contact Information (Relative or Friend)			
Name:		Phone:	
Address:		Relationship:	

Phone: (916) 327-1400
Internet Address: http://www.DHCS.ca.gov

V. Parent/Guardian Refused Services Yes☐ Refused by:			
VI. Parent/Guardian Contact Attempts *Document at least 3 attempts to contact the family.*			
1. Contact☐Mail ☐Phone☐Fax	Date:		Result:
2. Contact☐Mail ☐Phone☐Fax	Date:		Result:
3. Contact ☐Mail ☐Phone ☐Fax	Date:		Result:

Please complete this form and fax to **(800) 866-1074 or Secure email to HCCNorthern@natus.com or mail to the Northern California Hearing Coordination Center, 5627 Stoneridge Dr, Suite #308, Pleasanton, CA 94588** within seven days of the child's outpatient hearing screening. DO NOT attach waveforms, OAE printout, audiograms or reports. If the family does not appear for the scheduled appointment and you have difficulty in rescheduling the outpatient hearing screening, please contact the Hearing Coordination Center at (800) 745-3616, press #3

This information is to be provided pursuant to Section 124119 of the California Health and Safety Code that requires you to report the results of audiological follow-up services provided through the California Newborn Hearing Screening Program.

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