California Newborn Hearing Screening Program
Outpatient Screening Reporting Form

Please complete this form and Fax to 909-498-7982 or Mail to the South Eastern California Hearing Coordination Center, 1200 California Street, Suite 108, Redlands, CA 92374, 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 909-793-1291.**

CNHSP OUTPATIENT SCREEING REPORTING FORM

I. Patient Information

Infant's Name:	Gender: ☐ Female ☐ Male
AKA:	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	

II. Screening

Screening Provider:	Screening Date:
Primary Care Provider (PCP) :	
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

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

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.