California Newborn Hearing Screening Program
Outpatient Screening Reporting Form

Please complete this form and Fax to 661-244-2865 or Mail to the Southern California Hearing Coordination Center, 1 Centerpointe Drive, Suite 410, La Palma, CA 90623, 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 661-591-4300.**

I. Screening Provider: _____ Phone: _____ Fax: _____

Infant's Name: _____ Date of Screen:_____

AKA: _____ Date of Birth: _____ Gender: ☐Female ☐Male

Primary Care Provider (PCP): _____ Phone: _____

Birth Hospital: _____ ☐WBN ☐ NICU County: _____

Insurance: ☐Medi-Cal ☐HMO ☐Private Insurance ☐Uninsured ☐Unknown

Mother's Name (or Legal Guardian): _____

Address: _____ Phone Number: _____

Primary Language: ☐English ☐Spanish ☐Other (specify)__ _____

Comments: _____

_____

II. 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

III. 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: _____ Phone: _____

Date of Appointment: _____ Reason appointment not scheduled: _____

Contact Information (Relative or Friend):

Name: _____ Phone:_____

Address: _____ Relationship: _____

IV. Parent/Guardian Refused Services: ☐Yes Refused by: _____

V. 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.