

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 (1 st , no previous screening inpatient or outpatient)				Re-screen (2 nd)	
	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:		
<i>Family's CCS application was forwarded to local CCS Program</i> 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:

Please complete this form and fax to **(909) 498-7982** or **Secure email to southern.hcc@natus.com** or mail to the **Southern 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

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.