



# Iowa's Early Hearing Detection and Intervention Screening-Re-screening Reporting

Results must be reported within 6 days of the hearing screen/re-screen being performed within the EhDI database

<b>Screening Site:</b>		<b>Screening Date:</b>	
<b>Patient Name (Last, First, MI):</b>		<b>Medical Record Number:</b>	
<b>Patient Demographics:</b>			
Hospital/Place of Birth:	Gestational Age (weeks):	Gender:	
Date of Birth:	Time of Birth:	Race:	
Nursery:	Birth Weight (grams):	Ethnicity:	
Primary Care Provider:			
<b>Mother / Guardian Information:</b>			
Name (Last, First, MI):		Home Phone:	
Address:		Cell Phone:	
Language:		Email:	
<b>Risk Factors:</b>			
<input type="checkbox"/> None	<input type="checkbox"/> NICU > 5 Days	<input type="checkbox"/> ECMO	
<input type="checkbox"/> Congenital infection (herpes, syphilis)	<input type="checkbox"/> Craniofacial anomalies	<input type="checkbox"/> Head injury	
<input type="checkbox"/> Family history of childhood hearing loss	<input type="checkbox"/> Asphyxia or HIE	<input type="checkbox"/> Exchange transfusion for elevated bilirubin	
<input type="checkbox"/> Congenital Cytomegalovirus (CMV)	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Aminoglycosides for > 5 days	
<input type="checkbox"/> Syndrome	<input type="checkbox"/> Chemotherapy		
<b>Results:</b>			
Screening date:	Technology used:	Result for Left Ear:	Result for Right Ear:
mo   day   yr	<input type="checkbox"/> DPOAE	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
Screening Type:	<input type="checkbox"/> TEOAE	<input type="checkbox"/> Did Not Pass	<input type="checkbox"/> Did Not Pass
<input type="checkbox"/> Birth Admit	<input type="checkbox"/> AABR	<input type="checkbox"/> Not screened	<input type="checkbox"/> Not screened
<input type="checkbox"/> Outpatient		list reason:	list reason:
Diagnostic Assessment Location:			
Diagnostic Assessment Appointment Date:			
<b>Comments:</b>			
<b>Screen Performed By:</b>			
<b>Today's Date:</b>			