

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.

Screening Site:	Screening Date:
Patient Name (Last, First, MI):	Medical Record Number:
Patient Demographics:	

Date of Birth: Gestational Age (weeks): Sex: Male
Female

Hospital/Place of Birth: Race:

Nursery: Time of Birth: Ethnicity:

Primary Care Provider: Birth Weight (grams):

Mother / Guardian Information:

Name (Last, First, MI): Home Phone:

Address: Cell Phone:

Language: Email:

Risk Factors:

None	NICU > 5 Days	ECMO
Congenital infection (herpes, syphilis)	Craniofacial anomalies	Head injury
Family history of childhood hearing loss	Asphyxia or HIE	Exchange transfusion for elevated bilirubin
Congenital Cytomegalovirus (CMV)	Meningitis	Aminoglycosides for > 5 days
Syndrome	Chemotherapy	

Results:

Screening date:	Technology used:	Result for Left Ear:	Result for Right Ear:
mo day yr	DPOAE	Pass	Pass
	TEOAE	Did Not Pass	Did Not Pass
Screening Type:	AABR	Not screened list reason:	Not screened list reason:
Birth Admit			
Outpatient			

Diagnostic Assessment Location:
Diagnostic Assessment Appointment Date:

Comments:

Screen Performed By:	
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Today's Date:	
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