



VERMONT EARLY HEARING DETECTION AND INTERVENTION NEWBORN HEARING SCREENING FAX REFERRAL FORM

Please fax to 802-951-1218 Phone: 800-537-0076 or 802-651-1872
E-mail: VTEHDI@state.vt.us

DATE: _____ Hospital Name: _____

Newborn Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Medical Record Number: _____

Primary Care Physician: _____

Birth Mother Information:

Last Name: _____ First Name: _____

Mailing Address: _____

Phone Number: _____

Please check off the following:

No Screening Conducted: Parent declined Discharged without screen Deceased

Date screen conducted: _____ Screened by: _____

| | | | | | | |
|------------|-------------------------------|--------------------------------|--|--|------------------------------|-------------------------------|
| Right Ear: | <input type="checkbox"/> Pass | <input type="checkbox"/> Refer | <input type="checkbox"/> Attempted / CNT | | <input type="checkbox"/> OAE | <input type="checkbox"/> AABR |
| Left Ear: | <input type="checkbox"/> Pass | <input type="checkbox"/> Refer | <input type="checkbox"/> Attempted / CNT | | <input type="checkbox"/> OAE | <input type="checkbox"/> AABR |

Risk Factors; check all that apply:

- Family history of hearing loss in childhood
- Perinatal or congenital infection (TORCH) If yes explain: _____
- Craniofacial abnormalities. If yes explain: _____
- Ear pits or tags
- Ototoxic medications given to baby
- Syndrome associated with hearing loss
- NICU admission
- Prematurity
- Other: _____
- No risk factors

Outpatient Appointment Scheduled:

Date: _____ Location: _____

CONFIDENTIALITY NOTICE

This FAX contains protected health information maintained by Vermont Early Hearing Detection and Intervention (VTEHDI), Vermont Department of Health. This information is intended only for the use of the individual or entity named above. The authorized recipient of this fax is prohibited from disclosing this information to any other party without specific authorization from the patient or designated representative and is required to maintain the information in a manner which protects its confidentiality, including its proper destruction after its stated need has been fulfilled.

If you are not the intended recipient, any disclosure, copying, distribution, or use of this information is strictly prohibited. If you have received this FAX in error, please notify us immediately to arrange the return of the document.