

Department of Health and Human Services Maine Center for Disease Control and Prevention Children with Special Health Needs Maine Newborn Hearing Program 286 Water Street

Augusta, Maine 04333-0011 Tel.: (207) 287-5357; Fax: (207) 287-4743 TTY Users: Dial 711 (Maine Relay)

Hearing Screen Referral

Fax to Maine Newborn Hearing Program (MNHP) and Child's Primary Care Provider MNHP Phone (207) 287-8427 MNHP Fax (207) 287-4743

<u>Chile</u>	<u>d's Information</u>	
Name:		Date of Birth (MM/DD/YYYY)://
Birth Facility Screen Facility (If different)		reen Facility (If different)
Hear	ring Screen Date (MM/DD/YYYY):/_	(Only enter information on most RECENT screen
Resu	ult (circle for each ear) Right Ear: Pass F	Refer N/A Left Ear: Pass Refer N/A
<u>Hear</u>	ring Risk Factor(s):	(if known)
<u>Pare</u>	ent/ Guardian Contact Information	
Nam	ne:	
Addr	ress:	
Phor	ne #: ()	Alternate #:()
Pleas	se circle phone type: (mobile) (land line)	(mobile) (land line)
****	Alternate Contact (Friend/ Relative)****	
	_	(Relation to child)
		Alternate #: ()
	ow-up Information (please check all applic	
	Out Patient re-screening (returning to h	hospital) scheduled: Phone #: ()
	Date & Time	
	Audiologic Diagnostic Evaluation (audi	,
		Phone #: ()
	Date & Time	
	Hearing screening results provided to primary care provider in writing	
	PCP Name:Phone	e #: ()
	Refusal for follow-up screening/audiological	
	(Complete refusal form and fax both refer	ral and refusal forms to MNHP and Primary Care Provid