

**Michigan Early Hearing Detection and Intervention (EHDI) Program
Out of Hospital Birth Hearing Screening Report**

Fax to 517-763-0183 or

Mail To:

MDHHS-EHDI
P.O. Box 30195
Lansing, MI 48909

Child's Last Name: _____ Child's First Name: _____

Birth Date: _____ Kit #: _____

Midwife Responsible for birth: _____

Mother's Last Name: _____ Mother's First Name: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ ZIP: _____

Primary Care Provider: _____ Phone: (____) _____

Medical Record Number: _____ Fax: (____) _____

Did baby have a metabolic (blood spot) screen? Yes No

Initial Screening Results

Date: _____ Type of Screen: A-ABR

Results: **Left Ear** Pass Fail/Refer **Right Ear** Pass Fail/Refer

Rescreen Results (Recommended within 1 month of age)

Date: _____ Type of Screen: A-ABR

Results: **Left Ear** Pass Fail/Refer **Right Ear** Pass Fail/Refer

Undiagnosed congenital hearing loss has been documented to negatively impact language, academic and social development in children. Newborn hearing screening is the first step to early diagnosis and intervention of hearing loss. The goal is not to "pass every baby" but to identify those who need further testing to rule out hearing loss. This can only be accomplished if all babies who refer twice go for a full diagnostic evaluation.

Date diagnostic evaluation scheduled: _____ Where: _____

For questions, contact Nan Asher at 517-335-8273 or email at AsherN@michigan.gov.

Assessment Site Information

Test performed by: _____ Site Name: _____

Phone: _____