

**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: Erin Estrada
Elliott-Larsen Building 5-N
320 S. Walnut St.
Lansing, MI 48933

Assessment Site Information

Test performed by: _____	Practice Name: _____
Phone: _____	
Child's Last Name: _____	Child's First Name: _____
Birth Date: ____ / ____ / ____	Metabolic Kit # _____
Midwife Responsible for birth: _____	Male Female Ungendered
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*
(*If not, please fill out all demographic information above.*)

Initial Screening Results

Date: _____ Type of Screen: A-ABR

Circle 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

Circle 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.

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