

Early Hearing Detection and Intervention (EHDI) Program

Instructions for completion of Audiological/Medical Follow-up Service Report

1. Purpose and Reporting

This report is needed to facilitate follow-up of infants who were screened for hearing loss and require a rescreen or diagnostic evaluation. The goal of the EHDI program is to assure identification of hearing loss no later than three months, and early intervention services no later than six months. All information included in this form is confidential. A signed release of information is not necessary under this mandate (described below). However, we recommend that you explain and inform the parents about the process. If we do not receive the follow-up diagnostic information through usage of this form we will contact you and the primary care physician to determine the status of the baby. Sending in this form will save time and effort in accomplishing the National EHDI goals and promoting the health of all children in the State of Michigan.

Michigan Public Act 31 of 2006 – Mandated Hearing Reporting

Effective February 23, 2006, Public Act 31 mandated that health professionals in charge of care for newborn infants (includes hospital, health departments, audiologists, and any person administering hearing tests or screenings) are required to report the results of all hearing tests for infants under the age of 12 months. In addition, any child diagnosed with a hearing loss under the age of 3 years needs to be reported. Reports should include the type and degree of hearing loss, and where and when the diagnosis was made.

2. Use the follow-up Service Report for:

- Any infant born on or after January 1, 1997.
- Any hearing screening performed after the infant has been discharged from the hospital.
- Any infant undergoing a diagnostic evaluation.

3. Identifying information

Completion of this section is necessary to assure proper follow-up. Due to name changes after birth it is essential to have both the child's and mother's full names and date of birth. Please include the primary care provider of the child to help facilitate appropriate follow-up.

4. Screening Results

If you are screening the infant as an outpatient, please complete the section entitled "Screening Results." Please complete the test date, type of screen, results, and fax to (517) 335-8036.

A re-screen must be done for each ear. If the screen results indicate a "fail" for one or both ears, please indicate the audiological evaluation date scheduled and where testing will be completed and fax to (517) 335-8036. If you proceed with the full hearing evaluation after your screening on the same date, continue with the form and complete the information under the diagnostic audiological results, and fax to (517) 335-8036.

5. Diagnostic Audiological Results

Complete this section only when there is more extensive evaluation to determine hearing sensitivity. Please be sure to:

- Include date of diagnostic testing.
- Check all boxes that apply to current test battery.
- Check all boxes that apply to the results of your diagnostic evaluation, a type and degree of loss must be marked for each ear.
- Check all boxes that apply to appropriate referrals and include the date.

Degrees of Hearing Loss (ASHA Standard)

-10-15	dB HL	Within Normal Limits
16-25	dB HL	Slight hearing loss
26-40	dB HL	Mild hearing loss
41-55	dB HL	Moderate hearing loss
56-70	dB HL	Moderately-Severe hearing loss
71-90	dB HL	Severe hearing loss
91+	dB HL	Profound hearing loss

In the case of a sloping hearing loss, please note the degree by the pure tone average. Please check the appropriate boxes for each ear. If a conductive hearing loss is found, please indicate if hearing loss is due to structural anomalies or possible middle ear effusion. If a hearing loss is found, please have the parent sign the parental release to ensure follow-up, make referrals on their behalf, and to initiate a referral to the Guide By Your Side program (check the “Yes” box).

6. Final Reminders

Please remember to provide the primary care physician with a copy of your screening and/or diagnostic results. If a child has a hearing loss or risk of a hearing loss, a referral to Early On (1-800-EarlyOn) is also appropriate. It is our goal that all members of a child’s health care team be aware of his/her hearing status.

Please be sure to include your identifying information at the bottom of the form EACH time this form is used.

Thank you for your participation in this effort.
www.michigan.gov/ehdi