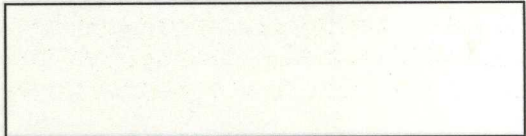




**Pennsylvania Department of Health
NEWBORN HEARING SCREENING PROGRAM
SCREENING REPORTING FORM**



Instructions: Complete one form for each newborn.

- If newborn passes initial screening, retain Medical Record Copy for completion of monthly statistical report.
- For each newborn **NOT** passing an initial or follow-up screening within 30 days of birth, or is a "NO SHOW" for an appointment **FAX COPY OF THIS FORM** to: **Newborn Hearing Screening Program** at **(717) 705-9386**.
- If you have questions, or require additional forms, please call the Department of Health (DOH) at (717) 783-8143.
- **FAX ANOTHER COPY TO THE INFANT'S PRIMARY CARE PROVIDER.**

HOSPITAL (Screening Facility): _____ **Hospital 4-digit code:** _____

MOTHER'S FULL NAME: _____

BABY'S FULL NAME AFTER DISCHARGE: _____

SEX: M F

DOB: _____
MM/DD/YY

Primary Language: English Spanish
 Other _____

County of Residence: _____

NICU: YES NO

FILTER PAPER # _____

HEARING TEST	DATE TEST GIVEN MM/DD/YY	RESULTS (circle one) P= Pass; NP=Not Pass; NS=No Show	DATE PCP NOTIFIED MM/DD/YY	DATE FAMILY NOTIFIED MM/DD/YY
INITIAL SCREENING		Right Ear P NP Left Ear P NP NS		
HEARING TEST	DATE TEST GIVEN MM/DD/YY	RESULTS (circle one) P= Pass; NP=Not Pass; NS=No Show	DATE PCP NOTIFIED MM/DD/YY	DATE FAMILY NOTIFIED MM/DD/YY
FOLLOW-UP RESCREEN		Right Ear P NP Left Ear P NP NS		

***** Please complete the below information in full prior to submitting referral to DOH *****

PARENT INFORMATION

Name: _____

Phone: _____

Cell: _____

Address: _____

Email: _____

Adoptive Parent(s) Foster Parent(s)

ALTERNATE CONTACT

Name: _____

Phone: _____

Cell: _____

Relationship to baby: _____

AFTER DISCHARGE

PRIMARY CARE PROVIDER

Name: _____

Practice: _____

Phone: _____

Address: _____

FAX: _____

PA STATE GUIDELINES: Re-screen by 1 month of age, Diagnostic Evaluation by 3 months, Linkage to Early Intervention Services by 6 months if hearing loss is detected. PA Department of Health, Division of Newborn Screening and Genetics, 625 Forster Street, Health & Welfare Building Harrisburg, PA 17120

Screening Facility/Medical Record Copy (2nd page Parent Copy)