

## North Carolina Early Hearing Detection and Intervention Program Screening/Rescreening Reporting Form

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**Patient Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex:  Male  Female

Multiple Birth:  Yes  No

**If the child refers on initial screening or rescreening, collect the following information:**

Home phone ( ) \_\_\_\_\_ Primary Care Provider:  
Alternate phone ( ) \_\_\_\_\_ Name \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ Location \_\_\_\_\_

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**Initial Screening**

Facility Name: \_\_\_\_\_ Facility EIN \_\_\_\_\_

Date of screening: \_\_\_\_\_

Technology Used:  AABR  DPOAE  TEOAE

Right Ear Result:  Pass  Refer  Not screened (explain) \_\_\_\_\_

Left Ear Result:  Pass  Refer  Not screened (explain) \_\_\_\_\_

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**Rescreening**

Facility Name: \_\_\_\_\_ Facility EIN \_\_\_\_\_

Date of screening: \_\_\_\_\_

Technology Used:  AABR  DPOAE  TEOAE

Right Ear Result:  Pass  Refer  Not screened (explain) \_\_\_\_\_

Left Ear Result:  Pass  Refer  Not screened (explain) \_\_\_\_\_

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<b>Mail Form To:</b> ATTN: Data Specialist Early Hearing Detection and Intervention Program 1928 Mail Service Center Raleigh, NC 27699-1928	<b>OR</b>	<b>Fax Form To:</b> ATTN: Data Specialist (919) 870-4881
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