

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

Patient Information

Child's Name: _____ DOB: _____

Mother's Name: _____

Home Address: _____

Sex: Male Female

Multiple Birth: Yes No

Initial Screening

Facility Name: _____ Facility EIN _____

Date of screening: _____

Technology Used: AABR DPOAE TEOAE Screening BAER

Right Ear Result: Pass Refer Not screened (explain) _____

Left Ear Result: Pass Refer Not screened (explain) _____

Rescreening

Facility Name: _____ Facility EIN _____

Date of screening: _____

Technology Used: AABR DPOAE TEOAE Screening BAER

Right Ear Result: Pass Refer Not screened (explain) _____

Left Ear Result: Pass Refer Not screened (explain) _____

Mail Form To:

ATTN: Data Specialist
Early Hearing Detection and Intervention Program
1928 Mail Service Center
Raleigh, NC 27699-1928

or

Fax Form To:

ATTN: Data Specialist
(919) 870-4881