

**INSTRUCTIONS
PHYSICIAN FOLLOW-UP SERVICES REPORT
FOR CHILDREN BIRTH TO 3 YEARS OF AGE**

A Physician Follow-Up Services Report is required for all:

- Infants having hearing screening in the physician's office for the first time, who were not screened prior to hospital discharge, or who were born "out of the hospital" and did not receive the first newborn hearing screening. (Initial test)

OR

- Infants receiving follow-up rescreening in the physician's office, after failing hospital newborn hearing screening. (**Infants screened with AABR should be re-screened with AABR, not just OAE, due to possible auditory neuropathy/ dys-synchrony.**)

Procedure if infant passes initial or rescreening hearing test:

- Send in Follow-Up Services Report with results by mail or by fax to the address at the bottom of the form:

**DHH/OPH/Hearing, Speech & Vision
Attn: Anna Wells, EHDI Data Clerk
P.O. Box 60630
New Orleans, LA 70160
FAX: 504.568.5854
Phone: 504.568.5028**

Procedure if child fails initial or rescreening hearing test:

- Send in follow-up form with results and list the name of the audiologist and other referrals made to OPH as above.
- Physician's office should communicate with the audiologist to set a follow-up appointment within 2 weeks.



Physician Follow-up Services Report for Children Birth-3 years

Louisiana Department of Health and Hospitals, Office of Public Health
Early Hearing Detection and Intervention (EHDI) Program

Child's Last Name (on birth certificate)		Child's First Name		Middle Initial	Child's Birthdate
Mother's Last Name		Mother's First Name		Mother's Maiden Name	
Address		City	State	Zip Code	Phone Number ()
Hospital of Birth:					
Date of today's hearing screening: _____					
Reason for hearing screening:					
<input type="checkbox"/> Initial hearing test (no newborn hearing screening was performed at birth)					
<input type="checkbox"/> Follow-up rescreening (infant failed hospital newborn hearing screening)					
<input type="checkbox"/> Parent or Physician concern					
Type of hearing screening performed:					
<input type="checkbox"/> OAE –Otoacoustic Emission					
<input type="checkbox"/> ABR- Auditory Brainstem Evoked Response (also sometimes named "BAER")					
OAE			ABR		
Results: <input type="checkbox"/> Passed both ears			<input type="checkbox"/> Passed both ears		
<input type="checkbox"/> Did not pass right ear			<input type="checkbox"/> Did not pass right ear		
<input type="checkbox"/> Did not pass left ear			<input type="checkbox"/> Did not pass left ear		
<input type="checkbox"/> Could not test Why? _____					
<ul style="list-style-type: none"> If the child did not pass the hearing screening, an appointment with an audiologist should be scheduled immediately for further diagnostic testing. The audiology appointment should take place as soon as possible, with no longer than two weeks delay. Infants under six months of age can usually be tested without sedation. 					
Please indicate any referrals you have made:					
Audiologist		Who? _____		Appointment Date: _____	
Otolaryngologist		Who? _____		City: _____	
Comments: _____					
Physician ordering hearing test: _____				Phone: () _____	
Facility name: _____				Fax: () _____	
City: _____				Zip: _____	

PLEASE MAIL OR FAX
WITHIN 7 DAYS TO:

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Attn: Anna

phone: 504-568-5028