



Follow-up Services Report Children Birth – 3 years

Louisiana Department of Health - Office of Public Health
Early Hearing Detection and Intervention (EHDHI) Program

www.ehdi.dhh.la.gov

Within 7 days of appointment
 Fax to **504-568-5854** or scan
 to laehdi@la.gov
 or register at
<https://ehdi.oph.dhh.lg.gov>
 to submit electronically

Child's Last Name (on birth certificate)		Child's First Name (on birth certificate)		Middle Initial	Child's DOB
Mother's Last Name		Mother's First Name		Mother's Maiden Name	
Address			City	State	Zip Code
Phone Number () ()		Alternate Phone Number () ()		Parent Email	
Hospital of Birth					
Facility Name _____				Phone # () _____	
PCP Name _____			City _____		
<input type="checkbox"/> Patient Lost to Follow-up for YOUR Facility <i>(check all that apply)</i>					Date Reported: _____
<input type="checkbox"/> Deceased <input type="checkbox"/> Parent Declined <input type="checkbox"/> Unable to Contact <input type="checkbox"/> Parents/Family Contacted but Unresponsive <input type="checkbox"/> Missed/Cancelled Appointment <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Moved out of state: Where? _____ <input type="checkbox"/> Medical Issues (explain): _____ <input type="checkbox"/> Other Provider Evaluated (explain): _____					
Date of Today's Appointment: _____			Person Testing: _____		
Reason for hearing screening: <i>(choose only 1)</i>					
<input type="checkbox"/> Initial Hearing Test (no newborn hearing screening was performed at birth) <input type="checkbox"/> Follow-up Re-screening (infant did not pass hospital newborn hearing screening) <input type="checkbox"/> Parent or Physician Concern					
Type of hearing screening performed:					
<input type="checkbox"/> OAE – Otoacoustic Emissions <input type="checkbox"/> ABR – Auditory Brainstem Response (also sometimes named Brain Auditory Evoked Response "BAER")					
OAE			ABR/BAER		
Left		Right		Right	
<input type="radio"/> Passed	<input type="radio"/> Did NOT Pass	<input type="radio"/> Passed	<input type="radio"/> Did NOT Pass	<input type="radio"/> Passed	<input type="radio"/> Did NOT Pass
<input type="radio"/> Could not test		<input type="radio"/> Could not test		<input type="radio"/> Could not test	<input type="radio"/> Could not test
<ul style="list-style-type: none"> BOTH ears must be tested, even if infant initially did not pass only 1 ear in hospital.** If the child did not pass today's hearing screening, DO NOT rescreen. Immediately schedule an appointment with an audiologist for diagnostic testing.** 					
<i>**Source: 2019 Joint Committee on Infant Hearing Position Statement</i>					
Please indicate any referrals you have made:					
<input type="checkbox"/> Audiologist: Who? _____		Appointment Date _____			
<input type="checkbox"/> Otolaryngologist: Who? _____		City _____			
Comments: _____					