



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

www.ehdi.dhh.la.gov



Child's Last Name (on birth certificate)	Child's First Name	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 _____		Physician Name _____	
City _____	State _____	Zip _____	Ph # (____) _____ Fax # (____) _____
Are you the Primary Care Provider for this patient?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO: PCP Name _____		City _____	
<input type="checkbox"/> Patient Lost to Follow-up for YOUR Facility (complete this section)		Date Reported: _____	
<input type="checkbox"/> Missed Appointment(s)			
<input type="checkbox"/> Cannot Contact: please select at least 1 reason			
Phone: <input type="radio"/> disconnected <input type="radio"/> no answer <input type="radio"/> no response to voice message		Letter Mailed: <input type="radio"/> returned <input type="radio"/> no response	
<input type="checkbox"/> Other Physician Re-screened: Who? _____		City: _____	
<input type="checkbox"/> Moved Out of State: Where? _____		<input type="checkbox"/> Other – Explain: _____	
Date of today's appointment: _____		Person Testing: _____	
Reason for hearing screening: (choose only 1)			
<input type="checkbox"/> Initial hearing test (no newborn hearing screening was performed at birth)			
<input type="checkbox"/> Follow-up re-screening (infant failed 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 Evoked Response (also sometimes named "BAER")			
OAE		ABR	
Left	Right	Left	Right
<input type="radio"/> Passed	<input type="radio"/> Passed	<input type="radio"/> Passed	<input type="radio"/> Passed
<input type="radio"/> Did NOT Pass	<input type="radio"/> Did NOT Pass	<input type="radio"/> Did NOT Pass	<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 failed only 1 ear in hospital.** • If infant failed ABR screening in hospital, rescreening should be with ABR.** • If the child did not pass this hearing screening, an appointment with an audiologist should be scheduled immediately for further diagnostic testing.** 			
<small>**Source: Joint Commission on Infant Hearing – JCIH 2007 Position Statement / AAP Policy Statement</small>			
Please indicate any referrals you have made:			
<input type="checkbox"/> Audiologist: Who? _____		Appointment Date _____	
<input type="checkbox"/> Otolaryngologist: Who? _____		City _____	
Comments: _____			

MAIL OR FAX WITHIN 7 DAYS TO:

DHH – OPH – Hearing, Speech & Vision
Attn: LA EHDI Data Clerk
P.O. Box 60630
New Orleans, LA 70160

FAX: 504 – 568 - 5854
Attn: Data Entry Clerk
phone: 504-568-5028