

## Early Hearing Detection & Intervention Screening or Diagnostic Assessment Referral

Infants born out of hospital via midwifery require a referral for newborn hearing screening.  
 Infants born in hospital do not require a referral for newborn hearing screening.

**The following EHDI service is needed** *(Choose one)*

- Newborn hearing screening *(community screening location)* OR  
 Diagnostic audiological assessment *(infant has an exception to screening)*

Infant Information			
Parent Name <i>(First and Last)</i>		Phone Number	
Home Address		City	Postal Code
Name of Family Physician		Clinic Name	
Infant Name <i>(First and Last)</i>		Date of Birth <i>(dd-Mon-yyyy)</i>	ULI <i>(If known)</i>
Gestational Age at Birth <i>(Weeks and Days)</i>		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
Time of Birth <i>(hh:mm)</i>	Location of Birth <i>(Home or other)</i>		
<b>Was information about hearing screening provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing Screening Services Refused <input type="checkbox"/> Diagnostic Services Refused <i>If family refuses EHDI services fax this form to the EHDI Program at 1.888.440.2158</i>			
<b>Are language interpretation services required?</b> <input type="checkbox"/> Yes, specify language _____ <input type="checkbox"/> No			
<b>Are accommodations required for communication access?</b> <input type="checkbox"/> Yes, accommodation _____ <input type="checkbox"/> No			
<b>Are health inequities experienced?</b> <input type="checkbox"/> Yes, support needed _____ <input type="checkbox"/> No			
<b>Exception to screening diagnostic audiological assessment required due to</b> <input type="checkbox"/> Meningitis <input type="checkbox"/> Aural Atresia <input type="checkbox"/> Other _____ <i>(e.g., anatomical anomalies like microtia or anotia)</i>			
Referral Information			
Referral Sent by <i>(First and Last name)</i>		Phone Number	
Name of the Site Referral was sent to	Date <i>(dd-Mon-yyyy)</i>	Fax Number	

For more information on the Early Hearing Detection & Intervention Program visit [www.primarycarealberta.ca/ehdi](http://www.primarycarealberta.ca/ehdi)