



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

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Jeffery A. Meyers
Commissioner

Lisa M. Morris
Director

NEWBORN HEARING SCREENING RESULTS: home/center births

Birth Facility _____

Infant _____ DOB _____

Race _____ Gender _____ Parent _____

Street Address _____

City & Zip Code _____ Phone _____

Infant's health care provider _____

NHS Results	Technology	Right Ear	Left Ear
1 st Screen Date:	OAE	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not screened	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not screened
Rescreen Date:	OAE	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not screened	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not screened

Reason not screened: deceased equipment broken parent declined transferred to facility: _____

Recommendations for rescreen refers:

- Family declines to follow-up
- Family to schedule diagnostic audiology appointment
- Our facility sent a fax referral:

Testing Center _____

Date fax was sent _____

- Our facility scheduled the diagnostic audiology appointment:

Testing Center _____

Date of appointment _____

Risk Factors (only if checked):

- | | |
|--|---|
| <input type="checkbox"/> Craniofacial anomaly or ear tags/ear pits | <input type="checkbox"/> Neurodegenerative disorder |
| <input type="checkbox"/> Family history of permanent hearing loss | <input type="checkbox"/> Syndrome associated with hearing loss |
| <input type="checkbox"/> Head trauma | <input type="checkbox"/> Postnatal infection (e.g. Meningitis) |
| <input type="checkbox"/> In utero/congenital infection | <input type="checkbox"/> Physical findings associated with hearing loss (i.e. white forelock) |

CONFIDENTIAL DOCUMENT

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