

Early Hearing Detection and Intervention (EHDI) "1-3-6" PCP Patient Care Plan

Patient Name: _____
 DOB: _____ Birth Facility _____

Before One (1) Month:

Before Three (3) Months:

Before Six (6) Months:

Hearing Screening Results (OAE/AABR)

Right Ear: Pass Refer Unknown
 Left Ear: Pass Refer Unknown

Audiologic (Hearing) Evaluation

Date Completed: _____
 Normal Hearing: yes no
 Permanent Childhood Hg Loss: yes no
 Otolaryngology Referral: yes no
 Genetics Referral: yes no
 Ophthalmology Referral: yes no
 Other Referrals: _____
 Hospital Screening Results: yes no
 Audiological Evaluation Results: yes no
 Care Management Checklist: yes no

Enrollment in Early Intervention

M.D. approval for hg aids yes no
 Completion of hg aid eval yes no
 Fitting of hg aids yes no

Chart Documents

Hospital Screening Results: yes no
 Audiological Evaluation Results: yes no
 Care Management Checklist: yes no
Risk Factors and Hearing Loss: Did or does this child have any of the following risk factors for hearing loss? yes no
 Family Hx congenital childhood HL _____ In-utero infection _____ Oto-toxic Medications _____ Spinal Meningitis _____
 Hyperbilirubinemia _____ Craniofacial Anomalies (also note ear tags, pits or malformations) _____ Spent 5 days or longer in NICU _____
 Serious head injury _____ Parent Concern _____

Diagnosis-Related Procedures and Documentation

Procedure	Specialist/Professional	Ordered	Reviewed	Results
Hearing Screening	Hospital Screening personnel			
Audiologic (Hearing) Evaluations (confirmation of hearing loss)	Audiologist			
ENT Evaluation	Otolaryngologist/Otologist			
Medical Work-up for Sensorineural Hearing Loss	Otolaryngologist/Otologist			
Genetics Work-up	Geneticist and Genetics Counselor			
Ophthalmology	Ophthalmologist			
Individualized Family Services Plan (IFSP) from First Steps Early Intervention	First Steps Intake Coordinator			

This child's audiologist is _____
 This child's otolaryngologist is _____