

**Early Hearing Detection and Intervention Direct Referral Form
for Diagnostic Audiology Evaluation**

Communicating Did Not Pass Results

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby did not pass two hearing screenings. This does not necessarily mean that your baby has a hearing loss, but without additional testing we can't be sure. Funding for follow-up testing can be found through private insurance, Medicaid, Children's with Special Healthcare Services (CSHCS), or private pay. If you would like to use Medicaid, private insurance, or pay for the services yourself, we will help you make the follow-up appointment before you leave the hospital. If you are interested in applying for CSHCS, we will assist you in getting the appropriate paperwork. If this form is being provided after hours or on the weekend, the hospital staff will be contacting you at home with the time and date of the appointment.

Southeastern Indiana Locations for Follow-up Testing

(Please mark the location chosen for follow-up)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cincinnati Children's Hospital
333 Burnet Ave ML2002
Cincinnati, OH 45229
Phone: (513) 636 4236
Fax: (513) 636-7316 | <input type="checkbox"/> Doctor's Hearing Care
4212 Charlestown Rd Suite 3
New Albany, IN 47150
Phone: (812) 949-3272
Fax: (812) 949-3271 | <input type="checkbox"/> Outreach Services for Deaf and
Hard of Hearing Children
Indiana School for the Deaf
1200 E 42 nd St
Indianapolis, IN 46205
Phone: (317) 920-6347
Toll Free (800) 724-9550
Fax: (317) 920-6350 |
| <input type="checkbox"/> Columbus Regional Hospital
3015 10 th St
Columbus, IN 47201
Phone: (812) 376-5319
Fax: (812) 375-3702 | <input type="checkbox"/> Heuser Hearing Institute
117 E Kentucky St
Louisville, KY 40203
Phone: (502) 584-3573
Fax: (502) 583-6364 | <input type="checkbox"/> University Audiology Associates
601 S Floyd St # 600
Louisville, KY 40202
Phone: (502) 583-3277 or
(502) 629-7710
Fax: (502) 587-7473 |
| | <input type="checkbox"/> Kosair Children's Hospital
231 E Chestnut St
Louisville, KY 40202
Phone: (502) 629-6200
Fax: (502) 629-7915 | |

Appointment: Scheduled Needs to be Scheduled Interpreter-Type Needed: _____

Date: _____ Time: _____

Newborn Information

Name: _____ Date of Birth: _____

Birthing Facility: _____ Screening Facility: _____

Hearing Screening Date: _____

Hearing Screening Results: Right Pass Refer Left Pass Refer
Funding for follow-up: Medicaid CSHCS Self Pay Private Insurance _____

Parent/Guardian Contact Information

Name: _____ Language Spoken at Home: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

Alternate Contact (Friend/Relative)

Name: _____ Phone #: _____

Primary Care Provider

Name: _____ Phone #: _____

Diagnosis: Suspected Hearing Loss **Diagnosis Code:** 389.9 **This order is valid for six (6) months from the date ordered.**

Physician Authorizing Diagnostic Audiology Evaluation As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled. Signature must be that of the physician. A copied signature is acceptable.

Physician Signature: _____ Date: _____