

North Carolina Early Hearing Detection and Intervention Program Screening/Rescreening Reporting Form

Patient Information

Child's Name: _____ DOB: _____

Mother's Name: _____

Home Address: _____

Sex: Male Female

Multiple Birth: Yes No

Initial Screening

Facility Name: _____ Facility EIN _____

Date of screening: _____

Technology Used: AABR DPOAE TEOAE Screening BAER

Right Ear Result: Pass Refer Not screened (explain) _____

Left Ear Result: Pass Refer Not screened (explain) _____

Rescreening

Facility Name: _____ Facility EIN _____

Date of screening: _____

Technology Used: AABR DPOAE TEOAE Screening BAER

Right Ear Result: Pass Refer Not screened (explain) _____

Left Ear Result: Pass Refer Not screened (explain) _____

<p>Mail Form To: ATTN: Data Specialist Early Hearing Detection and Intervention Program 1928 Mail Service Center Raleigh, NC 27699-1928 or Fax Form To: ATTN: Data Specialist (919) 870-4881</p>
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