

Naval Hospital Bremerton Newborn Hearing Screen

HISTORY:

MOTHER'S INFORMATION

Last Name: _____ First Name: _____

PATIENT'S INFORMATION

Date of Birth: DD MMM YY (24 hour clock)

Birth History:

Gestational Age Term Preterm _____ (weeks)

Singleton Multiple Births Baby: A / B / C

Problems with Pregnancy or Delivery:

HEARING SCREENING

RISK FACTORS FOR HEARING LOSS:

Circle the corresponding number or numbers below. If no risk factors circle "6 None".

1. Illness or condition requiring admission of 48 hours or greater to a neonatal intensive care unit (NICU).
2. Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss.
3. Family history of permanent childhood sensorineural hearing loss.
4. Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal.
5. In-utero infections such as cytomegalovirus, herpes, toxoplasmosis, or rubella.
6. None

Date of Screen: DD MMM YY Age (hours) at time of screen _____

Refused	<u>Left Ear</u> Pass / Refer	<u>Right Ear</u> Pass / Refer	<u>Transferred prior to testing</u> Facility _____	Not Completed
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Test Method: ABR DPOAE

Pain: _____ (0-10) **Barriers to Learning:**
 NONE PHYSICAL
 EMOTIONAL COGNITIVE

Follow-up:

Screener: Signature/Name Stamp

Follow up Provider

PATIENT'S IDENTIFICATION
(Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: NH Bremerton Clinic: <input type="checkbox"/> Pediatrics <input type="checkbox"/> FP <input type="checkbox"/> FP-Bangor <input type="checkbox"/> Other <input type="checkbox"/>			
PATIENT NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME			UNIT
DEPART./SERVICE	DATE OF BIRTH		

CHRONOLOGICAL RECORD OF MEDICAL CARE

NHBREM 6400/18(6-11)
 ORIGINATOR; PEDS