

Name:

DOB:

## Initial Identification of Hearing Loss Checklist

- Discussion with primary provider or referring physician  
Date:
- Results faxed to the Minnesota Department of Health Newborn Screening Program  
Date:
- ENT consult/referral  
Date:
- Medical clearance form  
Date Sent:  Date Received:
- Referral to Educational Early Intervention/Help Me Grow      Phone: 866-693-4769  
Date:
- Referral to MN Hands & Voices      Phone: 866-346-4543 [www.mnhandsandvoices.org](http://www.mnhandsandvoices.org)  
Date:
- Information packet and other available resources on hearing loss given  
Date: 
  - Learning About Hearing Loss - A Roadmap for MN Families reviewed & given to family  
(Available in multiple languages from MDH, call 800-728-5420 to order)
- Hearing instrumentation (if elected)  
Date of consult/impression taken:  Date Fit: 
  - Loaner Hearing Instrument Program discussed/offered
  - Insurance coverage for hearing instruments discussed -- Covered? Yes / No
- Additional referrals
  - Ophthalmology
  - Genetics
- Release of information signed (if appropriate)  
Date: 
  - Early Intervention
  - MN Hands & Voices
  - MDH (not required)
  - Others