

Child's name: _____

DOB: _____

Initial Identification of Hearing Loss Checklist

EARLY HEARING DETECTION AND INTERVENTION (EHDI)

- Discussion with primary provider or referring physician. Date: _____
- Results sent to MDH Newborn Screening Program. Date: _____
- ENT consult or referral. Date: _____
- Medical clearance form. Date sent: _____
Date received: _____
- Referral to early intervention. Date: _____
 - Visit [Help Me Grow \(https://helpmegrowmn.org\)](https://helpmegrowmn.org) or call 1-866-693-4769 to refer a child.
- Provided hearing loss resources and reviewed them with family. Date: _____
 - Many online resources are available in English, Spanish, Hmong, and Somali on the [EHDI \(www.health.state.mn.us/ImproveEHDI\)](http://www.health.state.mn.us/ImproveEHDI) webpage.
 - Visit the [EHDI free resources order form \(https://survey.vovici.com/se/56206EE35D330692\)](https://survey.vovici.com/se/56206EE35D330692) or email ehdi@state.mn.us to order print resources.
- Hearing instrumentation (if elected). Date of consult/impression taken: _____
Date fit: _____
 - Offered [hearing device loaner program \(https://hearbank.web.health.state.mn.us/home.xhtml\)](https://hearbank.web.health.state.mn.us/home.xhtml).
 - Discussed insurance coverage for hearing instruments. Are they covered? Yes No
- Additional referrals
 - Ophthalmology.
 - Genetics.
- Release of information signed (if appropriate).
 - Early intervention (Help Me Grow – not required).
 - MN Hands & Voices.
 - MDH (not required).
 - Others.

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 Children and Youth with Special Health Needs Section
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 St. Paul, MN 55155
 ehdi@state.mn.us
www.health.state.mn.us/improveehdi

To obtain this information in a different format, call: 651-201-5466.