_____White Original Faxed / Mailed to CMS Copies: _____ Parent _____ Post Discharge PCP _____ Medical Record

Date Faxed / Mailed to CMS:_____ Name of Person Completing Referral Form: _____

Phone Number of Person Completing Referral Form:_____

NEWBORN HEARING SCREENING REFERRAL FORM

Medical Record #: _____ Birthing Hospital: _____

Hospital Contact Person:_____Phone Number:_____

Baby's Last Name: _____ First Name: _____

Baby's Gender: ___Male ____Female Baby's Date of Birth: _____Discharge Date:_____

Doctor Who Will Follow Baby Post Discharge:

Name: _____ Practice: _____

Address, City, State: _____

Phone Number: _____ Fax Number: _____

Parent Contact Information:

Mother's Name: _____Mother's DOB:_____

Mother's Primary Language:_____Mother's Email Address:_____

***Mailing Address: _____

***Please include apartment #, trailer space #, etc.**

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Message Phone Number:_____

Baby Has Risk Factor(s) for Hearing Loss: ____Ototoxic Drugs _____ Prematurity ____ NICU
_____ Atresia/Microtia ____ Craniofacial Anomalies ____ Family History of Hearing Loss ____ Syndrome

Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing Loss: _____

Hearing Screen Results:

Date(s) of Screen(s):	_____	Right Ear: PASS / REFER	Left Ear: PASS / REFER
	_____	Right Ear: PASS / REFER	Left Ear: PASS / REFER
	_____	Right Ear: PASS / REFER	Left Ear: PASS / REFER

Total # of Screens: _____**(Screen NO More than 3 times)**

_____ Discharged Without Screen Date: _____ Reason: _____

_____ Transferred Date:_____ Transferred to: _____

Comments: _____

_____

_____

Mother's signature for release: _____Date:_____

All Fields on Form Must Be Completed. Send Completed Form to CMS as follows:
Fax to: (505) 827-5995 or (505) 476-8896; Or, Mail to: Department of Health, Children's Medical Services, Newborn Hearing Screening Program, 1190 S. St. Francis Drive, Santa Fe, NM 87505
Questions for Newborn Hearing Screening Program: Call (505) 476-8868 or Toll Free at 1 (877) 890-4692

Date of Last Revision: 1/30/2014