

_____ 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