

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