Idaho Sound Beginnings - Early Hearing Detection & Intervention

Directions: Hover cursor here

Newborn Hearing Screening Log Sheet for Out of Hospital Births- OAE

Site:____________________________

Month:___________ No. of Births: __________

Enter info for every baby.

FAX to: 208-332-7331

-All babies count- transfers, home births, missed...
-Use referral form so babies don't get "lost"
Thanks.

Give our info to mom--We can help with rescreen, testing, financial or other issues and any questions or concerns.
208-334-0829

						Current Totals (auto filled)	0	0	0	0	0	0	0	
							OAE Screening							
							OAE 1			OAE 2				
DOB	1st Initial	Last Name	Sex	Home Birth Y/N	County	State	Pass	Not Pass	Not Screen	No Outpatient Screen - Missed	Pass	Not Pass	Other- explain in notes	Notes