



Early Hearing Detection & Intervention (EHDI) Program

AUDIOLOGY AMPLIFICATION REPORT

In order to improve the access and quality of systems affecting children with hearing loss, please help us identify the utilization of services for this child listed below. Please return this completed form to the confidential fax number listed below:

651-201-3655 (fax)

Audiologist's Name: _____

Audiologist's Fax: _____

Clinic: _____

Child Name: _____

Child DOB.: _____

Date of hearing loss confirmation: _____

1. Amplification information:

Fitting has occurred, fit date: _____

Amplification Loaner Used?

YES- UMN Lions

YES-Other

NO

Fitting in process, expected fit date (if known): _____

Waiting to fit. Reason: _____

Family chose NOT to pursue amplification at this time (declined)

Amplification not indicated or recommended because _____

Child has not returned to this clinic for fitting (lost to follow up)

Child is being seen by another provider or clinic. Provider (if known): _____

Other: _____

2. What is the family's primary language?

English

Somali

Hmong

Spanish

ASL

Other:

3. Etiology of Hearing Loss (if known) _____

If you have questions or concerns regarding this request, please call 1-800-728-5420 or you can contact MDH Children & Youth with Special Health Needs Audiologist at 651-201-3750. We appreciate your follow-up and collaboration.