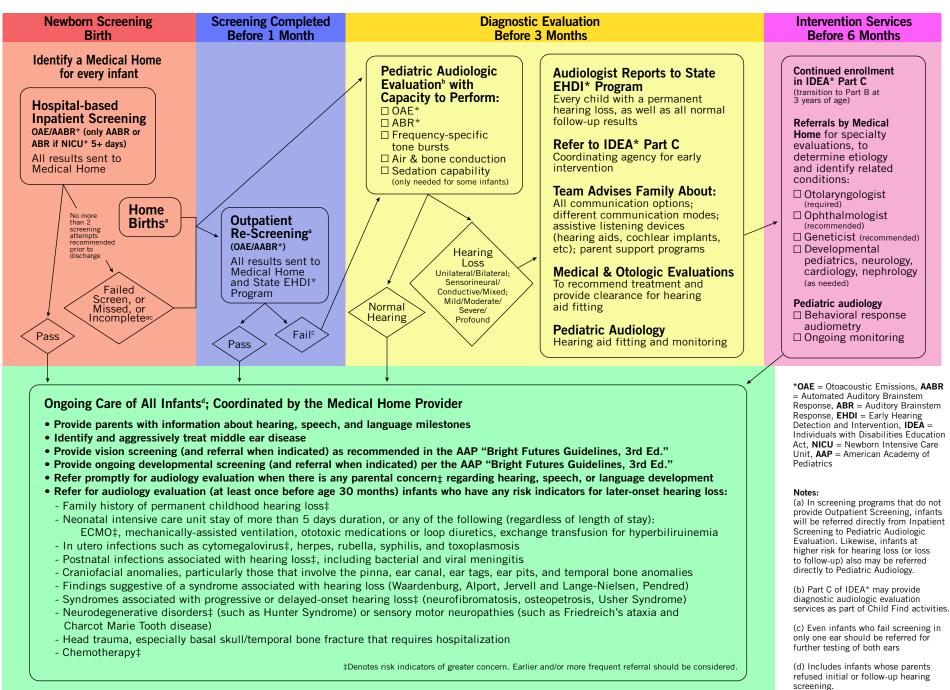
Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers



1. Audiologist knowledgeable in pediatric screening and amplification

S

Referra

Appropriate

Name:
Telephone number:
Fax:
Date of referral:

2. Otolaryngologist knowledgeable in pediatric hearing loss

Name:
Telephone number:
Fax:
Date of referral:

3. Local early intervention service coordinator

Name:		Name:
Telephone number:		Telephone number:
Fax:		Fax:
Date of referral:		Date of referral:

4. Family support resources, financial resources

Name:
Telephone number:
Fax:

Date of referral:

National Resources

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) 202/337-5220 www.agbell.org

American Academy of Audiology (AAA) 800/AAA-2336 www.audiology.org

American Academy of Pediatrics 847/434-4000 www.aap.org

American Society for Deaf Children 717/703-0073 www.deafchildren.org

American Speech-Language- Hearing Association (ASHA) 800/498-2071 www.asha.org

Boys Town Center for Childhood Deafness www.babyhearing.org

Centers for Disease Control and Prevention www.cdc.gov/ncbddd/ehdi

Families for Hands and Voices 217/357-3647 www.handsandvoices.org

Laurent Clerc National Deaf Education Center and Clearinghouse at Gallaudet University clerccenter.gallaudet. edu/InfoToGo

National Association of the Deaf (NAD) 301/587-1788 www.nad.org

National Center on Hearing Assessment and Management (NCHAM) 435/797-3584 www.infanthearing.org

National Institute on Deafness and Other Communication Disorders (NIDCD) 800/241-1044 www.nidcd.nih.gov

5. Speech/language therapist and/or aural rehabilitation

therapist knowledgeable in pediatric hearing loss

Oberkotter Foundation www.oraldeafed.org

9. Equipment vendor(s)

Name:
Telephone number:
Fax:
Date of referral:

10. State EHDI Coordinator http://www.infanthearing.org/status/cnhs.html

Name:	
Telephone number:	
Fax:	
Date of referral:	

11. AAP Chapter Champion

www.medicamomeimo.org/screening/nearing.num			

Name:	
Telephone number:	
Fax:	
Date of referral:	

12. Family physician(s)

Name:
Telephone number:
Fax:
Date of referral:

The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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This project is funded by an educational grant from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.



DEDICATED TO THE HEALTH OF ALL CHILDREN"





Name:	
Telephone number:	

Date of referral:

in hearing loss Nomo

Fax:

Name:

Fax:

Name:

Fax:

Telephone number:

Date of referral:

Telephone number:

Date of referral:

6. Sign language classes if parents

7. Ophthalmologist knowledgeable in co-morbid

conditions in children with hearing loss

8. Clinical geneticist knowledgeable

choose manual approach