Hearing Referral Letter

Name ____________________________________________________________

Dear Parent/Guardian:

In keeping with the recommendations of the Minnesota Department of Health, your child's class was screened for hearing on _____/_____/_____ and rescreened on_____/_____/_____.

- Your child did not respond to all of the sounds on their hearing screening.
- These results mean your child may have a hearing problem.
- Please take him/her to your medical clinic and/or audiologist for further hearing evaluation.
- Please bring this letter with you when your child is examined and ask them to fill out the bottom half of this form.

Provider: Refer to the attached form for the child’s hearing screening results.
Please complete this portion of the form and send it to:

Name of screener(s) ____________________________________________

Provider:

Name of provider ____________________________________________

Clinic name / location _________________________________________

I have examined______________________________________________ and find the following:

MEDICAL:
- Hearing (circle): PASS REFER
- Medically treatable
- Not medically treatable
- Outer ear
- Middle ear
- Inner ear
- Refer to audiology
- Further comments

Signed: ____________________________
Date: ____________________________

AUDIOLOGICAL:
- Normal hearing
- Conductive hearing loss
- Mixed hearing loss
- Sensorineural hearing loss
- Refer to physician
- Amplification evaluation
- Further comments

Signed: ____________________________
Date: ____________________________

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