

A Family's Checklist – Infant Hearing

Child's Name: _____

Child's Date of Birth: ____/____/____

Normal Milestones	Before 1 Month	Before 3 Months	Before 6 Months																											
<p>Many babies meet normal milestones even if they have a hearing loss in one or both ears. You should only use these milestones to monitor your baby's hearing and development if your baby has PASSED the hearing screening or been evaluated by a Pediatric Audiologist...</p> <p>Months of Age</p> <p>2 Quiets when hearing a familiar voice. Makes vowel sounds like ahh, ohh</p> <p>4 Looks for sounds with his eyes. Uses sounds such as squeals, whimpers, chuckles</p> <p>6 Turns head toward sound. Babbles ba-ba, ma-ma, da-da</p> <p>9 Imitates speech sounds of others. Understands no-no or bye-bye. Turns head toward soft sounds.</p> <p>12 Correctly uses ma-ma or da-da.</p>	<p><input type="checkbox"/> Hospital Inpatient Screen</p> <p>Place: _____ Screen Date: ____/____/____</p> <p>Results:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Left Ear</u></td> <td style="text-align: center;">Pass</td> <td style="text-align: center;"><u>Right Ear</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Refer</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><input type="checkbox"/> Repeat Screen</p> <p>Place: _____ Screen Date: ____/____/____</p> <p>Results:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Left Ear</u></td> <td style="text-align: center;">Pass</td> <td style="text-align: center;"><u>Right Ear</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Refer</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <div style="background-color: #FFD700; padding: 5px; border: 1px solid black; margin-top: 10px;"> <p>If your baby does not pass the screening in one or both ears, talk to your doctor about seeing a Pediatric Audiologist as soon as possible.</p> </div> <p>If your baby passes, testing is done. Watch for normal milestones. Be sure your doctor gets the results. www.AZNewborn.com</p>	<u>Left Ear</u>	Pass	<u>Right Ear</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer	<input type="checkbox"/>	<u>Left Ear</u>	Pass	<u>Right Ear</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer	<input type="checkbox"/>	<p><input type="checkbox"/> Evaluation by Pediatric Audiologist. Be sure your doctor gets the results.</p> <p>Place: _____ Date: ____/____/____</p> <p>Results:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Right Ear</u></td> <td style="text-align: center;">Normal</td> <td style="text-align: center;"><u>Left Ear</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Hearing Loss</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <div style="background-color: #ADD8E6; padding: 5px; border: 1px solid black; margin-top: 10px;"> <p>If your baby has a HEARING LOSS, the next steps are:</p> </div> <p><input type="checkbox"/> Evaluation by an ENT (Ear, Nose, and Throat) doctor</p> <p>Place: _____ Date: ____/____/____</p> <p><input type="checkbox"/> Hearing aid fitting (if appropriate) of loaner or permanent hearing aids by a Pediatric Audiologist.</p> <p><input type="checkbox"/> Contact Hands & Voices for family support: by phone at 866-685-1050 or www.AZHV.org</p>	<u>Right Ear</u>	Normal	<u>Left Ear</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<p><input type="checkbox"/> Enroll in Early Intervention program, if hearing loss in both ears</p> <p>Program: _____ Date: ____/____/____</p> <p><input type="checkbox"/> Learn about communication Options</p> <p><input type="checkbox"/> Learn about cochlear implants, if applicable</p> <p><input type="checkbox"/> Regular visits to a Pediatric Audiologist</p> <p>Evaluations:</p> <p><input type="checkbox"/> Ophthalmologist (eye doctor)</p> <p>Place: _____ Date: ____/____/____</p> <p><input type="checkbox"/> Genetic Specialist</p> <p>Place: _____ Date: ____/____/____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>You may need a referral from your doctor to see these specialists.</p> </div>
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TAKE THIS TO YOUR BABY'S DOCTOR