



Screening Results

Midwife Name:

Month of Report:

Baby's Name (Last, First)	DOB	Mother's Name	Hearing Screen Date	Left Ear Result (Pass or Refer)	Right Ear Result (Pass or Refer)	Hearing Screening Follow Up Info *	CCHD Result (Pass, Fail, Not Screened)	CCHD Comments**

*Hearing Screening Follow Up examples: follow up appt date, 2nd screening date and results, referral made to PCP (list PCP), refused, etc

**CCHD Comments: If result is 'Not Screened', please state why. If result is 'Fail', please explain where baby was referred.

FAX to Lanny Wilbur at 406-444-2750

Thank You!

