

Baby's Name (Last, First) or Imprint:

New Jersey Department of Health
 Early Hearing Detection and Intervention Program
 PO Box 364
 Trenton, NJ 08625-0364

LOST TO HEARING FOLLOW-UP REPORT

Also Known As	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Medical Record Number		
Name of Parent/Guardian (Last, First)	Name of Baby's Physician				
Relationship to Child	Physician Telephone Number		Physician Fax Number		
Street Address	Physician Street Address				
City	State	Zip Code	City	State	Zip Code
Parent/Guardian Telephone Number		Facility of Birth			

Reason Testing was Required

- Not Screened Previously Return for Ear-Specific Results
 Refer Result on Previous Screen (OAE ABR Both): Right Ear Left Ear Both
 Hospital Readmission in 1st Month for:
 Hyperbilirubinemia w/exchange transfusion Culture positive sepsis
 Other hospitalization (reason): _____
 Risk Indicator 24-30 month follow-up (see instructions for codes): _____
 Other: _____

Date Declared Lost To or Discharged From Follow Up:

LOST TO FOLLOW UP

Lost to Follow Up (check all that apply):

- No show for scheduled visit, scheduled for [date(s)]: _____
 Reminder letter to parent sent on [date(s)]: _____
 Regular mail Certified Mail
 Returned undeliverable No response
 Phone contact with parent attempted on [date(s)]: _____
 No answer Left message Phone number disconnected Wrong Number
 Notification sent to primary care provider on [date(s)]: _____
 Family known to have moved out of state after delivery. New state of residence (if known): _____
 Child in foster care; contact information unknown.
 Other contact attempted (describe): _____

DISCHARGE FROM NEW JERSEY FOLLOW UP REQUIREMENTS

Discharged from Continued Follow Up (check all that apply):

- Family declines follow-up testing (it is recommended that a written refusal signed by the parent/guardian be obtained for families refusing further testing). Indicate reason (lack of insurance coverage, does not feel additional testing is necessary, etc.):

 Family resides out of state and will not receive follow-up care in New Jersey. Family should be provided with written documentation of need for follow-up testing.
 Family resides in New Jersey, but is receiving continued follow-up care out of state. Family should be provided with written documentation of need for follow-up testing.
 Location of follow-up testing: _____
 Child expired. Date of death (if known): _____
 Risk factor previously noted for this child was documented in error (ex: previously noted to have family history of hereditary childhood onset hearing loss, but hearing loss subsequently determined to be adult onset or due to infection, trauma, etc.). Explain: _____
 Risk factor noted for this child is determined to be non-contributory for this infant (ex: family history of childhood onset hearing loss determined to be due to syndrome - CHARGE syndrome, Down syndrome, etc. - and that syndrome has been ruled out for this child). Explain: _____

Name and Title of Person Completing Form

Telephone Number

Facility Name and Address

INSTRUCTIONS FOR COMPLETING THE LOST TO HEARING FOLLOW-UP REPORT (SCH-3)

The Lost to Hearing Follow-up Report (SCH-3) submission is mandated by New Jersey rules (N.J.A.C. 8:19-1.10(c)) to notify the NJ Early Hearing Detection and Intervention Program of children that will not receive follow-up screening, audiologic evaluation or monitoring. Additional copies are for distribution to the child's medical home and the birth facility's maternity unit, and for the notifier's medical record. Complete the Report for outpatient visits for children (age 0-3) who were expected to receive outpatient follow-up (not screened in hospital; did not pass initial screening; were referred for diagnostic audiologic evaluation; or were referred for audiologic monitoring for late onset hearing loss) that are noted to be lost to follow-up for any if the indications listed on the Report.

Multiple identifiers (names, DOB, facility of birth, etc.) are needed to match babies' outpatient results to their inpatient screening status. Complete all fields as thoroughly as possible. If the reason for testing is not included in the check boxes or risk codes listed, please indicate the reason in the "Other" field.

Risk Indicator Codes: The NJ Early Hearing Detection and Intervention Program adheres to the most recent JCIH Position Statement regarding risk indicators and time frames requiring ongoing monitoring for late onset hearing loss. The current JCIH Statement (2007) includes the risk indicators below for at least one diagnostic evaluation by 24-30 months of age. Forms do not need to be submitted to indicate unsuccessful follow-up contacts for risk indicator-related contacts made before 24-30 months of age. Codes identified with an asterisk (*) are of greater concern for delayed-onset hearing loss and may require more frequent monitoring. Enter the appropriate code(s), including all codes that apply:

- CO** = Caregiver concern* regarding hearing, speech, language and/or developmental delay
- HX** = Family history* of permanent childhood hearing loss
- NI** = Neonatal intensive care unit (NICU) admission of more than 5 days
- EC** = Use of extracorporeal membrane oxygenation (ECMO)* during a NICU admission of >5 days
- AV** = Use of assisted ventilation during a NICU admission of >5 days
- OT** = Exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix) during a NICU admission of >5 days
- HB** = Hyperbilirubinemia that requires exchange transfusion
- TO** = In utero infections such as CMV (cytomegalovirus)*, herpes, rubella, syphilis and toxoplasmosis (TORCH)

CR = Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies

PF = Physical findings, such as a white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss

SY = Syndromes associated with hearing loss or progressive or late-onset hearing loss* such as neurofibromatosis, osteopetrosis and Usher's syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson

ND = Neurodegenerative disorders*, such as Hunter syndrome or sensory motor neuropathies such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome, etc.

PI = Culture-positive postnatal infections associated with sensorineural hearing loss*, including confirmed bacterial and viral (especially herpes virus and varicella) meningitis

TR = Head trauma, especially basal skull/temporal bone fracture* that requires hospitalization

CH = Chemotherapy*

Date Declared Lost To or Discharged From Follow-Up:

Enter the date here that the facility has determined that the child is to be classified as lost to follow-up. This may be the date of a missed appointment, the date a letter is returned undeliverable, the date a phone call was made revealing a disconnected line, the date at which a reconciliation has shown that the child has not returned for follow-up despite outreach efforts, etc.

Lost to Follow Up: This section should be used to indicate any unsuccessful efforts (letters, phone calls, etc.) made to contact the family to ensure follow up services for children that are still noted as needing these services. This will be the mechanism for documenting a birthing facility's attempts to ensure that the family received services, as required by N.J.A.C. 8:19-1.9(h). Completion of the report is only necessary when those efforts have not resulted in follow-up services being obtained and documented via the Newborn Hearing Follow-Up Report (SCH-2).

Discharge from Continued Follow Up: This section should be used to indicate cases where continued audiologic follow-up in New Jersey is no longer mandated.

To request additional forms, call 609-292-5676 or download copies at: <http://www.nj.gov/health/forms/sch-3.dot>.