Administrative Offices located at:
Rhode Island Department of Health
3 Capitol Hill, Room 302
Providence, RI 02905
401-222-5960 VOICE
401-222-5688 FAX

RIEHDI
Rhode Island Early Hearing Detection and Intervention

DID NOT RECEIVE HEARING SCREENING

All sections of form MUST be complete, per JCAHO standards.

****Hospital registration label may be used to document the infant's medical record number, mother's name, and infant's last name.**	Birth Facility _____
Medical Record Number** _____ Mother's Name** _____ Infant's Last Name** _____ Infant's First Name _____ ☐ Unknown DCYF Involvement Contact/Number: _____	Date of Birth Gestational Age Sex Birth Weight C-Section ___/___/___ _____ wks _____ _____ G ☐ Yes ☐ No Private Pediatrician/ Clinic/Other _____ ☐ Unknown Transfer Reason _____ ☐ Yes ☐ No Date ____/_____/_____

If child did NOT receive a screening, indicate the following below. **Completed by Screener ID: _____**

Date: ___/_____/_____	Reason for not receiving a screening (**Circle one reason from the list below**)	
Discharged to home	Transfer to (Please specify hospital):	Expired
Parent Refused Complete Refusal Form and fax (in addition to this form).	MD order for Dx aBR (NICU only)	Other. Please specify:

Completed By

Screener ID: _____

Screener Signature: _____ Date: _____

FAX IMMEDIATRLY TO 401-222-5688