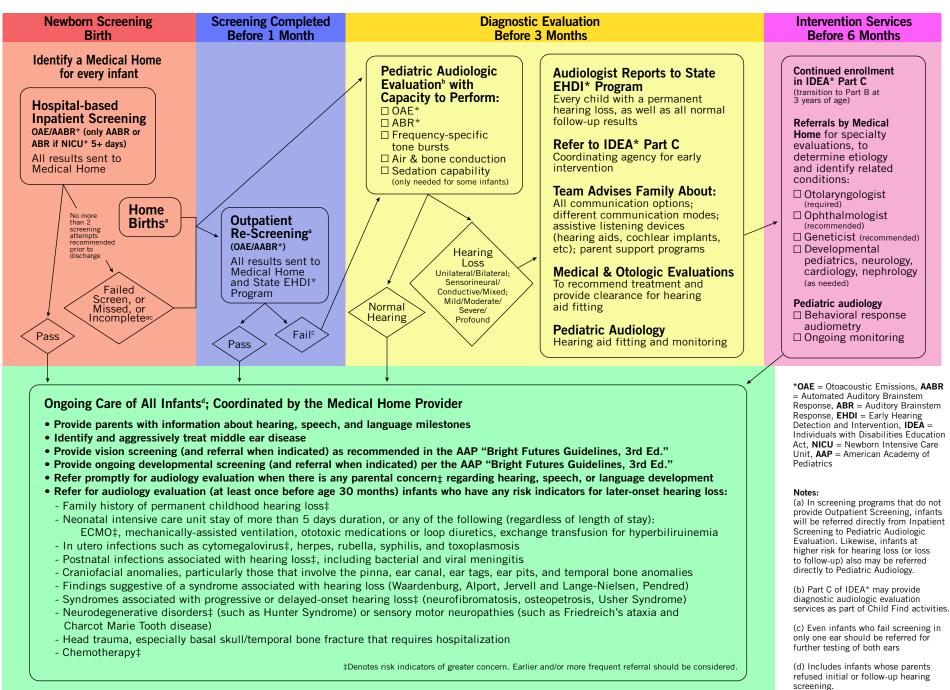
# **Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers**



### 1. Audiologist knowledgeable in pediatric screening and amplification

Name:
Telephone number:
Fax:
Date of referral:

#### 2. Otolaryngologist knowledgeable in pediatric hearing loss

Name:
Telephone number:
Fax:
Date of referral:

### 3. Local early intervention service coordinator

Name:		Name:
Telephone number:		Telephone number:
Fax:		Fax:
Date of referral:		Date of referral:

### 4. Family support resources, financial resources

Name:
Telephone number:
Fax:

Date of referral:

### National Resources

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) 202/337-5220 www.agbell.org

American Academy of Audiology (AAA) 800/AAA-2336 www.audiology.org

American Academy of Pediatrics 847/434-4000 www.aap.org

American Society for Deaf Children 717/703-0073 www.deafchildren.org

American Speech-Language- Hearing Association (ASHA) 800/498-2071 www.asha.org

Boys Town Center for Childhood Deafness www.babyhearing.org

Centers for Disease Control and Prevention www.cdc.gov/ncbddd/ehdi

Families for Hands and Voices 217/357-3647 www.handsandvoices.org

Laurent Clerc National Deaf Education Center and Clearinghouse at Gallaudet University

National Association of the Deaf (NAD) 301/587-1788 www.nad.org

National Center on Hearing Assessment and Management (NCHAM) 435/797-3584 www.infanthearing.org

Deafness and Other Communication Disorders (NIDCD) 800/241-1044

> **Oberkotter Foundation** www.oraldeafed.org

### 9. Equipment vendor(s)

Name:	
Telephone number:	
Fax:	
Date of referral:	

#### 10. State EHDI Coordinator http://www.infanthearing.org/status/cnhs.html

Name:	
Telephone number:	
Fax:	
Date of referral:	

## 11. AAP Chapter Champion

www.medicalhomeinfo.org/screening/hearing.h	ntml

Name:
Telephone number:
Fax:
Date of referral:

### 12. Family physician(s)

Name:
Telephone number:
Fax:
Date of referral:

The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN"

Date of referral: 8. Clinical geneticist knowledgeable

Name:

Fax:

Name:

Fax:

Telephone number:

Date of referral:

Telephone number:

Date of referral:

6. Sign language classes if parents

7. Ophthalmologist knowledgeable in co-morbid

conditions in children with hearing loss

choose manual approach

clerccenter.gallaudet. edu/InfoToGo

5. Speech/language therapist and/or aural rehabilitation

therapist knowledgeable in pediatric hearing loss

in hearing loss Name: Telephone number:

Fax:

Date of referral:

www.nidcd.nih.gov

National Institute on