

ELIGIBILITY FORM FOR INFANT HEARING PROGRAM

One of the criteria below must be indicated for IHP services

If IHP eligibility is not met, review the Communication Checklist at [\[link SP PSL webpage here\]](#) Physician can be consulted for resources outside of IHP.

Client Information		Referral Date: _____/_____/_____	
		yyyy mm dd	
Child's Name: _____		DOB: : _____/_____/_____	
Last Name / First Name		yyyy mm dd	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous Genitalia <input type="checkbox"/>		Gestational Age: (# weeks pregnant)	
Unknown			
Home Address:		Corrected Age: Current age - # weeks premature (using 37 weeks as full term) = corrected age	
Day time number:	Evening number:	Email address:	
Parent/Legal Guardian Name(s):		Service Language (if not English):	

INFANT UNDER 2 MONTHS CORRECTED AGE

- Missed Universal Newborn Hearing Screening (UNHS)
 - Passed UNHS and a parent or professional is concerned about change in hearing status
- ### INFANT 2-24 MONTHS CORRECTED AGE
- Post -natal infection associated with a permanent hearing loss (PHL) including meningitis, viral encephalitis or labyrinthitis.
Date and Name of Diagnosis: _____

Diagnosis of one or more of the following:

- Alport Syndrome
- Branchio-Oto-Renal (BOR)/Branchio-otic (BO)
- CHARGE Syndrome
- Craniofacial anomaly (cleft palate, atresia/microtia)
- Crouzon Syndrome

- Down Syndrome
- Goldenhar (OAVS) Syndrome
- Neurofibromatosis II (NF2)
- Significant head trauma associated with loss of consciousness or skull fracture
- Extracorporeal Membrane Oxygenation (ECMO)
- Pendred/Enlarged Vestibular Aqueduct (EVA)
- Proven cCMV
- Stickler Syndrome
- TORCHES
- Treacher-Collins Syndrome
- Usher Syndrome
- Waardenburg Syndrome

CHILD 2-6 YEARS OF AGE

PHL Diagnosis (Please include summary of hearing loss and latest diagnostic reports):

Name of Referring Source: _____ Phone: _____

CONSENT

Are Parents/Legal Guardians aware of and consenting to this referral? Yes No

Any special custody arrangements? CAS and/or adoptive arrangements? Yes No

Personal health information contained on this form is collected in accordance with the Personal Health Information Protection Act (2004) for the purposes of providing the Infant Hearing Program. The information captured on this form will be entered into a secure database administered by the Ministry of Children and Youth Services. Access to your baby's record is protected by Surrey Place. If you have any questions regarding your consent or our services, please email infanthearing@surreyplace.ca