



Family Plan of Care for Infants\Children Who are Deaf or Hard of Hearing

Patient Information

Child's Last Name: _____ First: _____ DOB: _____
 Child's Address: _____ City: _____ State: _____ Zip _____
 Guardian's Name: _____ Relationship to Child: _____
 Guardian Primary Phone: _____ Email: _____ Secondary Phone: _____

Medical Summary

Diagnosis

Diagnosis: _____ Date: _____
 Diagnosis: _____ Date: _____
 Diagnosis: _____ Date: _____

Medications/Supplements

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

Surgeries

Surgery: _____ Date: _____
 Surgery: _____ Date: _____
 Surgery: _____ Date: _____

Allergies

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

Hearing-Related Care Team

| Role | Name | Best way to contact | |
|------------------|------|---------------------|--------------|
| Family member(s) | | Phone: _____ | Email: _____ |
| Pediatrician\PCP | | Phone: _____ | Email: _____ |
| ENT | | Phone: _____ | Email: _____ |
| Audiologist | | Phone: _____ | Email: _____ |
| B23 Coordinator | | Phone: _____ | Email: _____ |
| Other: | | Phone: _____ | Email: _____ |



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Family Checklist (Medical Home)

Risk Factors for Hearing Loss

| | |
|-----------------------|---|
| Before 1 Month | <input type="checkbox"/> Final Newborn Hearing Screening Results (OAE\ABR): Date: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Left Ear:</p> <input type="checkbox"/> Pass</div> <div style="width: 45%;"> <p>Right Ear:</p> <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Failed (Must also screen for cCMV before 21 days of age)</div> <div style="width: 45%;"> <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Not Tested</div> <div style="width: 45%;"> <input type="checkbox"/></div> </div> |
|-----------------------|---|

Check all the apply (continue monitoring hearing if present):

 None Known
 Caregiver Concern
 Craniofacial Anomalies
 cCMV (50% of babies with cCMV develop a hearing loss)
 Cultural Positive Postnatal Infections
 Family History
 Head Trauma
 Hyperbilirubinemia
 In-utero Infections
 Neurodegenerative disorder
 NICU >5 days
 Ototoxic Medications
 Physical Findings – Specify: _____
 Syndromes – Specify: _____

Congenital Cytomegalovirus (cCMV) Resources:

Connecticut Children’s Medical Center
 Infectious Diseases and Immunology
 Hartford, CT (860) 545-9490

Yale New Haven Children's Hospital
 Pediatric Infectious Diseases
 New Haven, CT (877) 925-3637

Need Help with this Form or Need More Copies?
 Call us at: **860-509-8251** and ask for the EHDI program.
 Or visit us at us at: <https://portal.ct.gov/ehdi>

Parent Support: If your child has a hearing loss, the **American School for the Deaf** offers free and unbiased parent support and guidance. Contact them at: **860-570-2393** or www.asd-1817.org.

Feedback: You comments and suggestions are valuable to us. Please send them to: dph.ehdi@ct.gov.