



**Indiana State  
Department of Health**

Early Hearing Detection  
and Intervention Program

**"1-3-6" PCP Patient Care Plan**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Birth Facility: \_\_\_\_\_

**Before One (1) Month:**

**Before Three (3) Months:**

**Before Six (6) Months:**

**Hearing Screening Results (OAE/AABR)**

Right Ear:  Pass  Refer  Unknown  
Left Ear:  Pass  Refer  Unknown

**Audiologic (Hearing) Evaluation**

Date Completed: \_\_\_\_\_  
Normal Hearing:  yes  no  
Permanent Hearing Loss:  yes  no  
Otolaryngology Referral:  yes  no  
Genetics Referral:  yes  no  
Ophthalmology Referral:  yes  no  
Other Referrals: \_\_\_\_\_

**Enrollment in Early Intervention**

Phys. approval for hearing aids  yes  no  
Completion of hearing aid eval  yes  no  
Fitting of hearing aids  yes  no  
Cochlear implant(s)  yes  no

**Chart Documents**

Hospital Screening Results:  yes  no  
Audiological Evaluation Results:  yes  no  
Care Management Checklist:  yes  no

**Risk Factors and Hearing Loss: Did or does this child have any of the following risk factors for hearing loss?  yes  no**

Parent Concern \_\_\_ Family Hx childhood HL \_\_\_ 5 days or longer in NICU \_\_\_ In-utero infection \_\_\_ Craniofacial anomalies (also note ear tags, pits or malformations) \_\_\_  
Syndrome associated with HL \_\_\_ Neurodegenerative disorder \_\_\_ Spinal meningitis \_\_\_ Hyperbilirubinemia \_\_\_ Head trauma \_\_\_ Chemotherapy (or any ototoxic medication) \_\_\_

**Diagnosis-Related Procedures and Documentation**

Procedure	Specialist/Professional	Ordered	Results
Hearing Screening	Hospital Screening personnel		
Audiologic evaluations (confirmation of hearing loss)	Audiologist		
ENT Evaluation	Otolaryngologist/Otologist		
Medical Work-up for Sensorineural Hearing Loss	Otolaryngologist/Otologist		
Genetics Work-up	Geneticist and Genetics Counselor		
Ophthalmology	Ophthalmologist		
Individualized Family Services Plan (IFSP) from First Steps Early Intervention	First Steps Intake Coordinator		

This child's audiologist is \_\_\_\_\_

This child's otolaryngologist is \_\_\_\_\_

Indiana Early Hearing Detection and Intervention: 317-232-0972