Manitoba
Health, Seniors and Active Living

# UNIVERSAL NEWBORN HEARING SCREENING (UNHS) PROGRAM

SCREENING & REFERRAL FORM

## 1. CLIENT INFORMATION:

Infant's Name: ____________________

Sex: ❑ M ❑ F ❑ UNKNOWN DOB (YYYY/MMM/DD): _____/_____/_____

Time of Birth (24 hour): _________ Gestational Age (wks): _________ Type of delivery ❑ Vaginal ❑ Caesarean Room /Bed #:_________

Parent/ Guardian Name:____________________ MHSC # /other:____________________

Address 1( home):____________________ Postal Code: ____________________

Address 2 (alt or temp):____________________ Postal Code: ____________________

Phone Home: ____________ Phone other: ____________ Site:_________ RHA of Residence____________

## 2. OFFER:

Hearing screening offered: ❑ Yes ❑ No Reason: ____________________ ❑ Offer Accepted ❑ Refused

## 3. RISK FACTORS FOR PERMANENT CHILDHOOD HEARING LOSS:

Family history (permanent hearing loss before 10 years of age; parent or sibling only) ❑ Yes ❑ No

Obvious craniofacial abnormalities (malformed pinna, preauricular pits, skin tags) (no surveillance) ❑ Yes ❑ No

Bilateral absent or incomplete ear canals (direct to Audiology) ❑ Yes Unilateral absent or incomplete ear canal ❑ Yes

**If known, please identify the following risk factors:**

- ❑ CMV infection (direct to Audiology)
- ❑ Meningitis: viral, bacterial, fungal (direct to Audiology)
- ❑ Birth weight < 1000 g (2lb 3oz)
- ❑ Gestational age ≤ 30 weeks
- ❑ APGAR 5 minutes ≤ 3
- ❑ NICU stay ≥ 5 days (no surveillance)
- ❑ Head trauma indicated positive on imaging
- ❑ Severe neonatal sepsis (ventilated or on medication to support blood pressure)
- ❑ IVH grade III or IV: intraventricular hemorrhage
- ❑ Hypoxic ischemic encephalopathy (HIE) Moderate (Sarnat 2) Severe (Sarnat 3)
- ❑ PVL: periventricular leukomalacia
- ❑ CDH: congenital diaphragmatic hernia
- ❑ PPHN: persistent pulmonary hypertension of the newborn
- ❑ Other proven TORCHS infection (toxoplasmosis, other infections, rubella, cytomegalovirus, herpes, syphilis)
- ❑ HIV, measles, mumps or Zika
- ❑ Ventilation (ECMO, HFV, iNO)
- ❑ Severe hyperbilirubinemia (peak total serum bilirubin ≥ 400 umol/l or requiring exchange transfusion) / Kernicterus
- ❑ Severe neonatal asphyxia / hypoxia / respiratory failure / cardiopulmonary failure (Sarnat Stage II or III)
- ❑ Clinical report of cleft lip and/or palate
- ❑ Neonatal cancer treatment with cisplatin
- ❑ Syndrome Associated with hearing loss ____________ eg. Down, Waardenburg, Alports, CHARGE, Turner, Treacher Collins
- ❑ **No known risk factors**
- ❑ **No known risk factors in Specialized care**

## 4. HEARING SCREENING RESULTS:

❑ **Stage 1 – Step 1 AOAE**
❑ **Stage 1 – AABR**

Test date (YYYY/MMM/DD):____________
Time: ________ Location:____________
Screener ID:____________
Equipment ID:____________
L ❑ Pass ❑ Refer ❑ No result*
R ❑ Pass ❑ Refer ❑ No result*
* Reason:____________

Action: ❑ Discharge
❑ Surveillance
❑ Rescreen with AABR/AOAE
❑ Refer for Diagnostic Assessment

❑ **Stage 1 – Step 1 AOAE (no result - reattempt)**
❑ **Stage 1 – Step 2 AABR**

Test date (YYYY/MMM/DD):____________
Time: ________ Location:____________
Screener ID:____________
Equipment ID:____________
L ❑ Pass ❑ Refer ❑ No result*
R ❑ Pass ❑ Refer ❑ No result*
* Reason:____________

Action: ❑ Discharge
❑ Rescreen with AABR
❑ Refer for Diagnostic Assessment

❑ **Stage 1 – Step 2 AABR**
❑ **Stage 2 – AABR**

Test date (YYYY/MMM/DD):____________
Time: ________ Location:____________
Screener ID:____________
Equipment ID:____________
L ❑ Pass ❑ Refer ❑ No result*
R ❑ Pass ❑ Refer ❑ No result*
* Reason:____________

Action: ❑ Discharge
❑ Surveillance
❑ Refer for Diagnostic Assessment

**5.** (Outpatient) Referral Source: ____________Designation: ____________ phone: ____________

## UNHS Referrals: Regional Audiology Centres

| Interlake-Eastern RHA | Northern RHA | Prairie Mountain Health RHA | Southern Health-Santé Sud RHA | Winnipeg RHA |
|---|---|---|---|---|
| **Selkirk Hearing Clinic**<br>Box 5000<br>100 Easton Dr<br>Selkirk, MB<br>Canada, R1A 2M2<br><br>Ph: 204-482-5800<br>Ph: 204-266-2594<br>Fax: 204-785-9113 | **The Pas and Flin Flon Hearing Clinics**<br>Box 240, 111 Cook Ave<br>The Pas, MB<br>Canada, R9A 1K4<br><br>Ph: 204-623-9697<br>Fax: 204-627-8285 | **Brandon Hearing Centre**<br>Town Centre - Public Health Services<br>A5-800 Rosser Ave<br>Brandon, MB<br>Canada, R7A 6N5<br><br>Ph: 204-578-2393<br>Fax: 204-578-2823 | **Audiology Boundary Trails Health Centre**<br>Box 2000, Station Main<br>Winkler, MB<br>Canada, R6W 1H8<br><br>Ph: 204-331-8828<br>Fax: 204-331-8913 | **Specialized Services for Children and Youth (SSCY) Centre**<br>1155 Notre Dame Ave<br>Winnipeg, MB<br>Canada, R3E 3G1<br><br>Ph: 204-258-6551<br>Fax: 204-258-6799 |
| | **Thompson Hearing Centre**<br>867 Thompson Dr<br>Thompson, MB<br>Canada, R8N 1Z4<br><br>Ph: 204-677-5385<br>Fax: 204-778-1453 | | **Audiology Portage la Prairie**<br>25 Tupper St North<br>Portage la Prairie, MB<br>Canada, R1N 3K1<br><br>Ph: 204-239-2439<br>Fax: 204-239-2443 | |
| | | | **Audiology Steinbach**<br>365 Reimer Ave<br>Steinbach, MB<br>Canada, R5G 0R9<br><br>Ph: 204-346-7009<br>Fax: 204-346-7023 | |