



# ND EHDI Reporting Form

fax completed form to 701.858.3483

## Please enter contact information of the person filling out this form

Name (please print) \_\_\_\_\_ Agency \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## Patient Information

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Hospital \_\_\_\_\_ Child's Medicaid # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ Primary Care Physician \_\_\_\_\_ Facility Name \_\_\_\_\_

## Hearing Screening Information

First Screen  Second Screen

Testing Technique  ABR  DPOAE  TOAE Technology Used (screener device, e.g., AuDX) \_\_\_\_\_

Screening Date \_\_\_\_\_ Facility \_\_\_\_\_ Phone Number \_\_\_\_\_

**Right Ear Results**  Pass  Refer  Technical Fail **Left Ear Results**  Pass  Refer  Technical Fail

Referral made to: **Right Track** Yes  No  **Parent Infant Program** Yes  No  **Infant Development (Part C)** Yes  No

## Diagnostic Testing Information

Testing Date \_\_\_\_\_ Audiologist \_\_\_\_\_ Phone Number \_\_\_\_\_

Testing Technique  ABR  ASSR  OAE  Tymp  BOA  Behavioral Audiometry

Click  DPOAE  VRA

Tone  TOAE  Play

Bone  Puretone

**Right Ear Results** Technology Used \_\_\_\_\_ **Left Ear Results** Technology Used \_\_\_\_\_

Not Yet Determined  N / A  Not Yet Determined  N / A

Auditory Neuropathy  Slight  Auditory Neuropathy  Slight

Sensorineural  Mild  Sensorineural  Mild

Conductive  Moderate  Conductive  Moderate

Mixed  Severe  Mixed  Severe

Within Normal Limits  Profound  Within Normal Limits  Profound

Referral made to: **Parent Infant Program** Yes  No  **Infant Development (Part C)** Yes  No

## ENT Information

ENT Appointment required? Yes  No  ENT Appt Date \_\_\_\_\_ ENT Physician \_\_\_\_\_

Genetics Referral? Yes  No  Genetics Appt Date \_\_\_\_\_ Genetics Physician \_\_\_\_\_

## Amplification / Intervention Data

**Right Ear** **Left Ear**

Date of hearing loss confirmation \_\_\_\_\_ Fitting Date \_\_\_\_\_ Date of hearing loss confirmation \_\_\_\_\_ Fitting Date \_\_\_\_\_

Type  air conduction  bone conduction  cochlear implant

BW (body wearable)  BTE  ITE / Canal

## Additional Information / Notes

# Statewide EHDI Resources

**Right Track Program** A free program for all North Dakota children (birth to three years of age) offering hearing and developmental screenings.

**Infant Development Program (Part C)** For those families whose child (birth to three years of age) may be at risk for having a developmental delay and requires a developmental assessment.

**Bismarck** (including Burleigh, Emmons, Grand, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux counties)

*Lori Sandal*

1-888-328-2662 or (701) 328-8794

[lsandal@nd.gov](mailto:lsandal@nd.gov)

**Grand Forks** (including Grand Forks, Pembina, and Walsh Counties)

*Carol Brakel*

1-888-256-6742 or (701)795-3135

[cbrakel@nd.gov](mailto:cbrakel@nd.gov)

**Tribal Tracking** For those families whose child (birth to three years of age) may be at risk for having a developmental delay and requires a developmental assessment.

**Devils Lake** (including Benson, Eddy, Ramsey, Rolette, and Towner counties)

*Denise Brandvold*

1-888-607-8610 or (701) 665-2200

[dbrandvold@nd.gov](mailto:dbrandvold@nd.gov)

**Jamestown** (including Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, and Wells Counties)

*Suzy Heise*

1-800-260-1310 or (701) 253-6411

[sheise@nd.gov](mailto:sheise@nd.gov)

**Turtle Mountain Preschool Special Needs and Infant Tracking**

*Nancy Henry*

(701) 477-6471 ext. 295

**Dickinson** (including Adams, Billings, Bowman, Dunn, Golden Valley, Slope, and Stark Counties)

*Gilda Lubinski*

1-888-227-7575 or (701) 227-7543

[gmack-lubinski@nd.gov](mailto:gmack-lubinski@nd.gov)

**Minot** (including Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, and Ward counties)

*Summer Ibach*

1-888-470-6968 or (701) 857-8537

[sibach@nd.gov](mailto:sibach@nd.gov)

**Standing Rock**

*Susan Hochhalter*

(701) 226-7324

**Fargo** (including Cass, Ransom, Richland, Sargent, Steele, and Traill counties)

*Wanda Carlson*

1-888-342-4900 or (701) 298-4488

[wrcarlson@nd.gov](mailto:wrcarlson@nd.gov)

**Williston** (including Divide, McKenzie, and Williams counties)

*Jaret Cvancara*

1-800-231-7724 or (701) 774-4624

[jcvancara@nd.gov](mailto:jcvancara@nd.gov)

**Three Affiliated Tribes**

*Abigail Bingen*

(701) 627-4113

**Spirit Lake**

*Arliss Krulish*

(701) 766-1238

**Parent Infant Program** For those families whose child (birth to 3 years of age) has a suspected or identified hearing loss.

**State Coordinator**

*Carol Lybeck*

1-800-887-2980 or (701) 665-4411

**Family Support Programs** For those families wanting information and support.

**Family Voices of North Dakota** Aims to achieve family-centered care for all children and youth with special health care needs and/or disabilities.

*Donene Feist*

(701) 493-2634

[fvnd@drtel.net](mailto:fvnd@drtel.net)

**North Dakota Hands & Voices** Non-biased support for families of children who are deaf or hard of hearing.

(701) 484-1605

*Stephannie Stiel*

[handsandvoicesnd@midco.net](mailto:handsandvoicesnd@midco.net)

*Kim Wood*

[handsandvoicesnd@gmail.com](mailto:handsandvoicesnd@gmail.com)



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