

## Eligibility Form for Infant Hearing Program

### CLIENT INFORMATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name / Last Name DD / MMM / YY DD / MMM / YY  
 Gestational Age: \_\_\_\_\_ (weeks) Corrected Age: \_\_\_\_\_ (weeks)  
#weeks pregnant current age - # weeks premature (using 40 weeks as full term) = corrected age  
 Home Address: \_\_\_\_\_  
 Parent or Legal Guardian Name(s): \_\_\_\_\_  
 Day Time Number: ( ) \_\_\_\_\_ Evening Number: ( ) \_\_\_\_\_  
 Email address: \_\_\_\_\_

### INFANT UNDER 2 MONTHS CORRECTED AGE

☐ Missed Universal Newborn Hearing Screening

### INFANT 2 – 24 MONTHS CORRECTED AGE (A Risk Factor must be indicated below for service eligibility requirements\*\*)

*N.B. Otitis Media is not an acceptable solitary indicator for referral*

- ☐ Post-natal infection associated with a permanent hearing loss (PHL) including meningitis, CMV, viral encephalitis or labyrinthitis. Date of Diagnosis: \_\_\_\_\_
- ☐ Family history of PHL (parent/sibling with PHL onset < 10 years old).  
List relationship to infant: \_\_\_\_\_
- ☐ Diagnosis of a syndrome associated with PHL. Specify: \_\_\_\_\_
- ☐ Significant head trauma associated with loss of consciousness or skull fracture.
- ☐ Other: \_\_\_\_\_

\*\* If no risk factor present, parents can review Communication Checklist at

<https://www1.toronto.ca/wps/portal/contentonly?vgnextoid=7c4c45d26137a410VqnVCM10000071d60f89RCRD> Physician to be consulted if concerns exist.

### CHILD 2 – 6 YEARS OF AGE (A PHL diagnosis must be indicated below for service eligibility)

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

### REFERRAL INFORMATION (To be completed by referring source)

Name: \_\_\_\_\_ 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 (if yes, please specify)

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 to be entered into a secure database administered by the Ministry of Children and Youth Services. Access to your baby's record is protected by Toronto Public Health. If you have any questions regarding your consent or our services please call 416-338-8255.