

# Referral Source Tab

Save Close Create Form  Print Create Report to Referring Provider

## REFERRAL FOR CARE COORDINATION

Patient Name:

SSN:

County:

Area:

Employee

Employee:

Program

Program:

Date:

TRANSFER

Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

### REFERRAL SOURCE

Referred By:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip:

Telephone #:

Fax #:

County of Referring Provider:

# Reason for Referral Tab

## REFERRAL FOR CARE COORDINATION

Patient Name:

SSN:

County:

Area:

Employee:

Program:

Date:

TRANSFER

Patient Information | Referring Provider | Reason | Psychosocial/Additional Information

### Medical Conditions

Specify Medical Condition (Select all that apply)

- Hearing Loss
- Hyperactivity
- Hypertension
- Lead
- Low Birth Weight
- Mental Health
- Metabolic Disorder (Other than Sickle Cell & CF)
- Newborn Hearing**
- Obesity
- Premature Infant

### REASON FOR REFERRAL


(Check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Assist with/monitor medical compliance | <input checked="" type="checkbox"/> Specialty Referral Coordination | <input type="checkbox"/> TeleHealth                  |
| <input checked="" type="checkbox"/> Education Regarding Disease/Condition  | <input type="checkbox"/> EPSDT/Immunization                         | <input type="checkbox"/> Transportation              |
| <input checked="" type="checkbox"/> Community Resource/Education Referral  | <input type="checkbox"/> Child Health Needs Assessment              | <input type="checkbox"/> Home Health                 |
| <input type="checkbox"/> Pregnancy Prevention/STD Education                | <input type="checkbox"/> Health Insurance Assistance                | <input type="checkbox"/> Patient Discharged from PMP |
| <input type="checkbox"/> Parenting Issues                                  | <input type="checkbox"/> Doctor Consultation/Coordination           | <input type="checkbox"/> Dental -1st Look            |
| <input type="checkbox"/> Missed Appointments                               | <input type="checkbox"/> Domestic Violence/Sexual Coercion Issues   | <input type="checkbox"/> ASQ-3 Referral              |
| <input type="checkbox"/> Frequent ER Visits                                | <input type="checkbox"/> Suspect Abuse/Neglect                      | <input type="checkbox"/> Health Home/RCO             |

Medical Condition

Lab Number

# Completing the Report to Referring Provider for Newborn Hearing Referrals

Save Close Create Form  Print **Create Report to Referring Provider**

## REFERRAL FOR CARE COORDINATION

Patient Name:

County:

Employee:

Program:

Date:

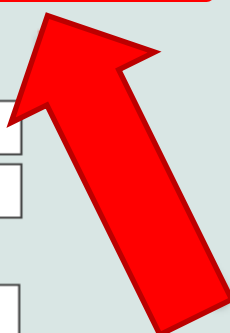
SSN:

Area:

TRANSFER

Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

Referral Date:



# NBH Summary of Services Tab

## Report to Referring Provider

Patient Name:

SSN:

County:

Area:

Employee:

Program:

Date:



Referring Provider | Patient Information | **Summary** | Care Coordinator

### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

#### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

# Delivering Hospital Contact Report to Referring Provider

- Select Delivering Hospital Contact
- Complete all questions on the report
- No additional information is needed
- Select “ Send Report to Newborn Screening”



Delivering Hospital Contact



Repeat Hearing Screen



Diagnostic Testing



Referred for Early Intervention Services (EIS)

# NBH Summary Type Delivering Hospital Contact

Close Save Create Form Print Send Report to Newborn Screening

### Report to Referring Provider

Patient Name:

County:


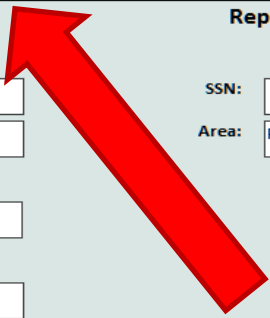
Employee:

Program:

Date:

SSN:

Area:



Referring Provider | Patient Information | Summary | Care Coordinator

#### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

**Newborn Hearing Screen Summary of Services Provided:**

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Hospital that completed the Repeat Hearing Screen:

City of hospital:

Date of Repeat Hearing Screen:

What screening method was used?

- AABR
- OAE
- Other

What was the Hearing Screen Result for the Left ear?

- Pass
- Refer/Fail
- Inconclusive

What was the Hearing Screen Result for the Right ear?

- Pass
- Refer/Fail
- Inconclusive

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT

# Delivering Hospital Contact – Did Not Pass NBH Screen

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Hospital that completed the Repeat Hearing Screen

Brookwood Hospital

City of hospital

Birmingham

Date of Repeat Hearing Screen

07/07/2016 16

What screening method was used?

- AABR
- OAE
- Other

What was the Hearing Screen Result for the Left ear?

- Pass
- Refer/Fail
- Inconclusive

What was the Hearing Screen Result for the Right ear?

- Pass
- Refer/Fail
- Inconclusive

Was the referred patient scheduled for a Repeat Hearing Screen?

- YES
- NO

Date of Scheduled Appointment

07/14/2016 16

Will the patient's case remain open for care coordination services?

- YES
- NO

Additional Information:

# NBH Summary Type Repeat Hearing Screen

Referring Provider | Patient Information | Summary | Care Coordinator

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:



- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Was the referred patient scheduled for a Repeat Hearing Screen?  YES  NO

Was a successful contact made with the patient?  YES  NO

Did the patient accept services?  YES  NO

Did the patient keep the appointment for the Repeat Hearing Screen?  YES  NO



# NBH Summary Type Repeat Hearing Screen – Appointment Kept

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

Delivering Hospital Contact

Repeat Hearing Screen

Diagnostic Testing

Referred for Early Intervention Services (EIS)

YES  NO

YES  NO

YES  NO

YES  NO

AABR  OAE  Other

Pass  Refer/Fail  Inconclusive

Pass  Refer/Fail  Inconclusive

Was the referred patient scheduled for a Repeat Hearing Screen?

Was a successful contact made with the patient?

Did the patient accept services?

Did the patient keep the appointment for the Repeat Hearing Screen?

What was the date of Repeat Hearing Screen

What screening method was used?

What was the Hearing Screen Result for the Left ear?

What was the Hearing Screen Result for the Right ear?

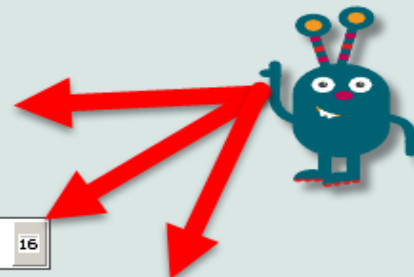
Name of Provider completing the Hearing Screen

Provider City

Provider Telephone #

Will the patient's case remain open for care coordination services?

YES  NO



# NBH Summary Type Repeat Hearing Screen – Missed Appointment

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Was the referred patient scheduled for a Repeat Hearing Screen?

YES  NO

Was a successful contact made with the patient?

YES  NO

Did the patient accept services?

YES  NO

Did the patient keep the appointment for the Repeat Hearing Screen?

YES  NO

What interventions were done to locate the patient?

- Home visit attempt
- Multiple phone calls
- Mailed letter
- Follow up made with county WIC Program
- Other

Other:

What was the reason for not attending the scheduled appointment?

- Patient moved to another county within the State of Alabama.
- Patient Relocated to another state
- Patient/Caregiver was ill and unable to keep appointment.
- Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)
- Provider requested appointment be rescheduled.
- Caregiver reported transportation problems.
- Unknown- Care Coordinator unable to locate patient.
- Other

Was the referred patient scheduled for a Repeat Hearing Screen?

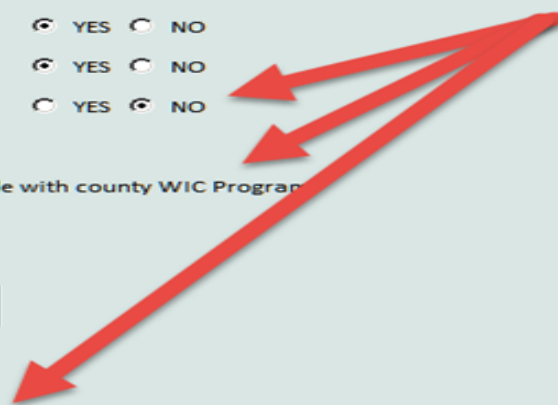
YES  NO

Date of scheduled Repeat Hearing Screen

Will the patient's case remain open for Care Coordination Services?

YES  NO

Additional Information:



# NBH Summary Type Did Not Pass Repeat Hearing Screen

Referring Provider | Patient Information | Summary | Care Coordinator

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Was the referred patient scheduled for a Repeat Hearing Screen?

- YES  NO

Was a successful contact made with the patient?

- YES  NO

Did the patient accept services?

- YES  NO

Did the patient keep the appointment for the Repeat Hearing Screen?

- YES  NO

What was the date of Repeat Hearing Screen

07/07/2016 16

What screening method was used?

- AABR  OAE  Other

What was the Hearing Screen Result for the Left ear?

- Pass  Refer/Fail  Inconclusive

What was the Hearing Screen Result for the Right ear?

- Pass  Refer/Fail  Inconclusive

Name of Provider completing the Hearing Screen

BIRMINGHAM AUDIOLOGY GROUP

Provider City

BIRMINGHAM

Provider Telephone #

334-795-3624

Will the patient's case remain open for care coordination services?

- YES  NO

# NBH Summary Type

## Diagnostic Testing – Missed Appointment

### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

#### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing**
- Referred for Early Intervention Services (EIS)

Did the referred patient fail a repeat hearing screen?

- YES  NO

Was successful contact made with the patient?

- YES  NO

Did the patient accept services?

- YES  NO

Was the referred patient scheduled for diagnostic testing?

- YES  NO

Did the patient keep the appointment?

- YES  NO

What was the reason for not attending the scheduled appointment?

- Patient moved to another county within the State of Alabama.
- Patient Relocated to another state
- Patient/Caregiver was ill and unable to keep appointment.
- Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working.)
- Provider requested appointment be rescheduled.
- Caregiver reported transportation problems.
- Unknown- Care Coordinator unable to locate patient.
- Other

Was the referred patient scheduled for **Diagnostic Testing**

- YES  NO

Date of scheduled **Diagnostic Testing**

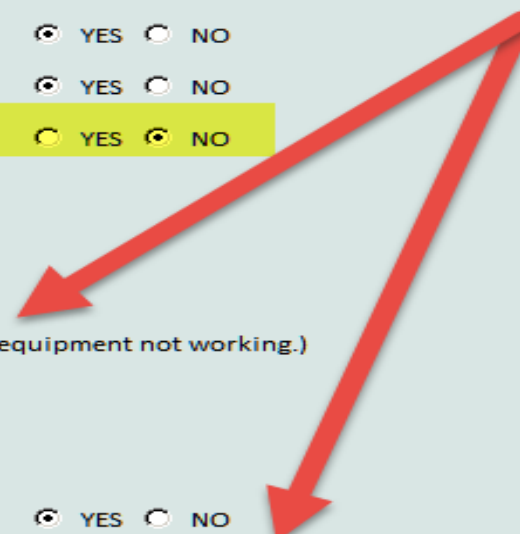
07/06/2016 16

Will the patient's case remain open for Care Coordination Services?

- YES  NO

Additional Information:

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT



# NBH Summary Type – Diagnostic Testing Appointment Kept Passed Diagnostic Testing

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact  
 Repeat Hearing Screen  
 Diagnostic Testing  
 Referred for Early Intervention Services (EIS)

Did the referred patient fail a repeat hearing screen?

- YES  NO

Was successful contact made with the patient?

- YES  NO

Did the patient accept services?

- YES  NO

Was the referred patient scheduled for diagnostic testing?

- YES  NO

Did the patient keep the appointment?

- YES  NO

What was the date of appointment ?

07/01/2016 16

What screening method was used?

- ABR  OAE  Other

What was the result of the diagnostic testing for the left ear ?

- Pass  Refer/Fail  Inconclusive

What was the result of the diagnostic testing for the right ear?

- Pass  Refer/Fail  Inconclusive

Name of Provider completing the Hearing Screen

AUDREY AUDIOLOGIST

Provider City

MOBILE

Provider Telephone number

251-222-5959

Will the patient's case remain open for care coordination services?

- YES  NO

# NBH Summary Type – Diagnostic Testing

## Appointment Kept / Hearing Loss Detected and Child is Diagnosed with Hearing Loss



### Care Coordination Summary of Services Provided & Planned Including Date of Assessment

#### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing**
- Referred for Early Intervention Services (EIS)

Did the referred patient fail a repeat hearing screen?

- YES  NO

Was successful contact made with the patient?

- YES  NO

Did the patient accept services?

- YES  NO

Was the referred patient scheduled for diagnostic testing?

- YES  NO

Did the patient keep the appointment?

- YES  NO

What was the date of appointment for diagnostic testing ?

06/30/2016 16

What method was used for testing ?

- ABR  OAE  Other

What was the Result for the Left ear?

- Pass  Refer/Fail  Inconclusive

What was the Result for the Right ear?

- Pass  Refer/Fail  Inconclusive

What is the date of the scheduled appointment with EIS?

07/09/2016 16

Name of Provider completing the Hearing Screen

AUDREY AUDIOLOGIST - HEARING PROFESSIONALS OF

Provider City

MOBILE

Provider Telephone number

251-222-5959

Will the patient's case remain open for care coordination services?

- YES  NO

What is the referred patient's final diagnosis?

Type Of Hearing Loss in Left Ear:

- Normal  Conductive  Sensorineural

Type Of Hearing Loss in Right Ear:

- Normal  Conductive  Sensorineural

Severity Of Hearing Loss in Left Ear

- Normal  Moderate  Profound
- Mild  Severe

Severity Of Hearing Loss in Right Ear

- Normal  Moderate  Profound
- Mild  Severe

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT

# NBH Summary Type - Referred to Early Intervention Services

Referring Provider | Patient Information | Summary | Care Coordinator

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing

Referred for Early Intervention Services (EIS)

Was the patient referred to Early Intervention Services?

- YES  NO

Was a successful contact made with the patient?

- YES  NO

Did the patient accept services?

- YES  NO

Who is the patient's EIS Provider?

- AIDB  CRS  Other

Did the patient keep the appointment with the EIS Provider?

- YES  NO

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT

# NBH Summary Type – Early Intervention Services (EIS) Appointment Kept

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Was the patient referred to Early Intervention Services?

- YES
- NO

Was a successful contact made with the patient?

- YES
- NO

Did the patient accept services?

- YES
- NO

Who is the patient's EIS Provider?

- AIDB
- CRS
- Other

- Birmingham Regional Center
- Montgomery Regional Center
- Dothan Regional Center
- Shoals Regional Center
- Huntsville Regional Center
- Talladega Regional Center
- Mobile Regional Center
- Tuscaloosa Regional Center

Did the patient keep the appointment with the EIS Provider?

- YES
- NO

What was the date of the appointment with the EIS Provider?

06/30/2016

Did the Care Coordinator confirm with the EIS Provider that the patient attended initial appointment with EIS?

- YES
- NO

Will the patient's case remain open for Care Coordination Services?

- YES
- NO



THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT



# NBH Summary Type – Early Intervention Services (EIS) Appointment Missed

Referring Provider | Patient Information | Summary | Care Coordinator

## Care Coordination Summary of Services Provided & Planned Including Date of Assessment

### Newborn Hearing Screen Summary of Services Provided:

Newborn Hearing Screening Type:

- Delivering Hospital Contact
- Repeat Hearing Screen
- Diagnostic Testing
- Referred for Early Intervention Services (EIS)

Was the patient referred to Early Intervention Services?

- YES  NO

Was a successful contact made with the patient?

- YES  NO

Did the patient accept services?

- YES  NO

Who is the patient's EIS Provider?

- AIDB  CRS  Other

- Birmingham Regional Center
- Montgomery Regional Center
- Dothan Regional Center
- Shoals Regional Center
- Huntsville Regional Center
- Talladega Regional Center
- Mobile Regional Center
- Tuscaloosa Regional Center

Did the patient keep the appointment with the EIS Provider?

- YES  NO

What is the date of the next scheduled appointment?

What was the reason for not attending the scheduled appointment?

- Patient moved to another county within the State of Alabama.
- Patient Relocated to another state
- Patient/Caregiver was ill and unable to keep appointment.
- Payment/Provider Issue (e.g. Medicaid Inactive; Audiologist's equipment not working)
- Provider requested appointment be rescheduled.
- Caregiver reported transportation problems.
- Other

Will the patient's case remain open for Care Coordination Services?

- YES  NO

Additional Information:

THIS ADDITIONAL INFORMATION BOX WILL NOT BE REQUIRED with the NEW REPORT FORMAT

