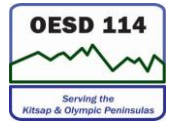




THREE-PRONGED APPROACH

Parent Interview and Summary Form



Date Completed: _____

Child's Full Name: _____ Date of Birth: _____

QUESTIONS

Listen For Risk Factors

1. How would you describe your child's birth?

Was your baby full-term or premature? Full Term Premature (# weeks _____)

Were there complications before, during, or immediately after the birth? No Yes

If Yes, Please explain: _____

Did your baby spend time in neonatal intensive care (NICU)?

No Yes

- NICU stay, any length, especially if infant required: ECMO (extra-corporeal membrane oxygenation)*, assistance with breathing, exposure to "loop diuretics" or to ototoxic medications (e.g., gentamicin, streptomycin), and/or had neurological complications (e.g., periventricular leukomalacia (PVL) or seizures).
- Perinatal asphyxia (oxygen deprivation) or hypoxic ischemic encephalopathy (HIE) increases risk for cortical CVI visual impairment (CVI) and elevated hearing thresholds.
- Hyperbilirubinemia (extreme jaundice), especially with transfusion, increases risk for sensorineural deafness; if untreated, brain damage and visual issues can result.
- In-utero infections such as herpes, rubella, syphilis, cytomegalovirus (CMV)*, toxoplasmosis, or Zika
- Aminoglycosides administered for > 5 days (e.g., gentamicin, amikacin, tobramycin, streptomycin, kanamycin) can cause side effects including deafness, vestibular toxicity, and loss of visual function
- *Items with asterisk indicate risk for progressive change in hearing levels, requiring more frequent monitoring of hearing.

2. What were the results of newborn hearing screening?

Pass Refer (rescreened) Unknown

If results were "refer," "re-screen," or "unknown," refer child for follow-up hearing screening.

Note: Results of newborn hearing screening are valid for one year. If child is over 1 year old, make note of results and talk about potential referral, but does not require an automatic referral.

3. Has your child had any ear infections?

No Yes

If yes, how many? _____

Recurrent, chronic middle ear infections can cause fluctuating hearing levels that can result in speech/ language delays.

4. Has anyone in your family been deaf or hard of hearing since a young age?

No Yes Unknown

If yes, what relationship to child? _____

Family history of blindness/low vision, or of early, progressive, or delayed onset permanent childhood deafness,* constitutes a risk factor.

5. Has anyone in your family been blind/low vision, since a young age?

No Yes Unknown

If yes, what relationship to child? _____

Family history of blindness/low vision, or of early, progressive, or delayed onset permanent childhood deafness,* constitutes a risk factor.

6. Do you have any concerns about the way your child looks at you, or at toys/ books, or watches TV?

No Yes

7. Since birth, has the child suffered significant head trauma (accidental or non-accidental); or non-fatal drowning with brain damage due to lack of oxygen?

No Yes

If yes, describe in parent's/caregiver's own words:

Injury to the eye can cause damage to eye structures including retinal detachment. Injury to the mastoid (area of skull behind ear) can cause deafness. Brain damage from trauma or oxygen deprivation can cause vision or hearing processing disorders.

8. Do you have any concerns about the way your child responds when you talk to him/her, or about how your child is learning to talk?

No Yes

If yes, describe parent's/caregiver's concerns in their own words:

Family/caregiver concerns regarding a child's vision, eye contact, hearing, speech/language development, or regression of development warrant immediate referral for further evaluation.

9. Since birth, has your child had any serious infections such as bacterial or viral meningitis, or encephalitis?

No Yes Unknown

If yes, describe in parent's/caregiver's own words:

Serious infections, especially herpes viruses and varicella, hemophilus influenza, and pneumococcal meningitis are associated with atypical hearing and vision.

10. Has your child ever seen an eye doctor (i.e., optometrist or ophthalmologist)?

No Yes Unknown

If yes, describe in the parent's/caregiver's own words:

11. Has your child been diagnosed with a syndrome or genetic disorder?

No Yes

If yes, name of syndrome: _____

More than 400 syndromes/genetic disorders are associated with atypical hearing and/or vision. Examples include: Alport, CHARGE, Down syndrome, Fetal Alcohol Syndrome, Goldenhar, Hurler, Jervell Lange-Nielson, Norrie, Pendred, Refsum, Trisomy 13, Usher, and Waardenburg.

12. Since birth, has your child undergone treatment for cancer?

No Yes

If yes, describe in parent's/caregiver's own words:

Some chemotherapeutic drugs (e.g., platinum-based drugs such as cisplatin, carboplatin) and radiation can damage the inner ear. Radiation also can injure eye structures & vestibular system.

Based on parent interview, family/medical history review, developmental skills related to vision or hearing, and our joint observations, we have **NO CONCERNS** regarding the child's vision or hearing at this time

We **HAVE IDENTIFIED CONCERNS** including high risk factors, signs, and/or observations, as noted above, for:
 Vision Hearing

Follow-up option recommended:

Referral to primary care physician for follow up that may include additional referrals to:

Pediatric ophthalmologist/optometrist, following approval of primary care physician **OR**

Pediatric audiologist, following approval of primary care physician.