



Risk Factor Screening for Permanent Hearing Loss - Results Request Form

For the privacy and protection of this child, this form must be completed by the child's parent, guardian, or health care provider. Results will be released to the health care provider you list below.

If you are a healthcare provider and this patient has permanent hearing loss and/or suspected or confirmed CMV, please contact NSO at 613-738-3222 x1045 as we may be able to provide additional testing and interpretation.

Who is completing this form? Name: * _____ Phone Number: * _____

- I am this child's Health Care Provider
- I am this child's parent and a legal guardian
- I am this child's legal guardian (I will mail this form to NSO with the completed Proof of Guardianship Form)

Fields marked with a * are mandatory.

Child's Information

LAST NAME : *	FIRST NAME : *	DOB : (YYYY/MM/DD) * <input type="checkbox"/> F * <input type="checkbox"/> M *
_____	_____	____/____/____
ADDRESS : *	CITY : *	POSTAL CODE : *
_____	_____	_____
PHONE : *	OHIP / HEALTH CARD # : *	BIRTH HOSPITAL :
_____	_____	_____
Newborn Screen Form Number:		

Mother's Information

LAST NAME : *	FIRST NAME : *	DOB (YYYY/MM/DD) : *
_____	_____	____/____/____
MOTHER'S ADDRESS at TIME of CHILD'S BIRTH : *	<input type="checkbox"/> Same as above	_____
CITY : *	POSTAL CODE : *	OHIP# :
_____	_____	_____

Child's Health Care Provider

NAME : *	PHONE : *	FAX : *
_____	_____	_____
INSTITUTE/PRACTICE:		

ADDRESS : *	CITY : *	POSTAL CODE : *
_____	_____	_____
CPSO / College # :	Is this where this child gets his/her routine health care?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unsure

Please return completed form to NSO:

By MAIL: Newborn Screening Ontario
415 Smyth Road
Ottawa, ON, K1H 8M8

By FAX: 613-738-0853

Questions?

Call NSO : 1-877-NBS-8330 (1-877-627-8330)
(613) 738-3222

Website : www.newbornscreening.on.ca

Email: newbornscreening@cheo.on.ca