



Community and Public Health  
Environmental Initiative

## Hearing Referral Form Audiologist

Date of Referral: \_\_\_\_\_

Dear Parent/Guardian of Child's Name \_\_\_\_\_, Date of Birth \_\_\_\_\_:

As you know, all children participating in our program receive a hearing screening. We are pleased to offer this as a helpful resource in caring for your child's hearing health. We have rescreened your child after follow-up with his/her primary care provider.

The results of your child's hearing screening are as follows:

**Your Child's Left Ear:**

**Your Child's Right Ear:**

After reviewing your child's hearing screening results, we are recommending that a more detailed examination be scheduled with an audiologist. Our program has partnered with the **Hearing and Speech Agency (HASA)** located in the Harry and Jeannette Weinberg Building, 5900 Metro Drive, Baltimore, MD 21215. Their phone number is 410-318-6780 and their email is [hasa@hasa.org](mailto:hasa@hasa.org). You may also visit their web site at [www.hasa.org](http://www.hasa.org). HASA accepts all types of insurance, including Medicaid insurance plans.

Please make an appointment as soon as possible with HASA or another audiologist of your choice. If you have questions or concerns, please call us at 410-706 1778 or 410-706-2784.

Let us know if you need any help in making this follow-up appointment.

Sincerely,

Martine Kirwin, MS, RN  
Program Manager

Amy Nahley, MS, RN  
Program Manager