Iowa Guide By Your Side (GBYS)
Referral Form

Referral Source:	**Referral Date:**
Child Information	
Child's Name:	
DOB:	Gender:
Hearing loss identified on:	
Hearing loss type and degree (if known):	
Parent Information	
Parent Name:	
Parent Mailing Address:	
Parent Phone Number:	
Parent Email Address:	
Best time of day to contact parent:	
Notes	

Please email or fax this form to Susan Hagarty at:

E-mail: susan-hagarty@uiowa.edu
Fax: (319) 356-3715

Toll-Free Phone: (866) 219-9119

Mail: Child Health Specialty Clinics
Early Hearing Detection and Intervention (EHDI)
100 Hawkins Dr., Room 246-1 CDD
Iowa City, IA 52242

Rev. 2/2009, 5/2010
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