**Checklist for children with hearing loss and their families**

**Things that need to happen now**

* Referral to Australian Hearing Services <https://www.hearing.com.au/> for
	+ Hearing aid fitting;
	+ Assistive listening devices for the class room;
	+ Scheduled hearing tests every 6-12 months.
* Referral to South West Healthcare for speech therapy <http://www.southwesthealthcare.com.au/swh/content/speech-pathology>;
* Referral to an education support service for children with hearing loss. They provide support for the child and teachers in early childhood education and at school, including rural and regional families.
	+ *Taralye* <https://taralye.org.au/> or
	+ *Aurora* [*http://www.auroraschool.vic.edu.au/*](http://www.auroraschool.vic.edu.au/) *.*
* Referral to Warrnambool Paediatricians to:
	+ Check for other health problems that can be associated with hearing loss, like heart and kidney problems,
	+ Recommend if your child would benefit from early intervention services like occupational therapy.
* Referral to an optometrist or ophthalmologist for eye check.
* Blood test to check for CMV viral infection, kidney and thyroid function.
* If the hearing loss averages 45dB level, assistance from the Department of Human Services may be available. You need to obtain an application form from Centrelink for Dr Clancy to complete.

**Things that need to happen later**

* Parents can find it helpful to meet with other parents of children with hearing loss or to speak with a counsellor. Please ask Dr Clancy or your GP if you need this support.
* Referral to Victorian Clinical Genetics Services <https://www.vcgs.org.au/about>. VCGS offers assessment, counselling (information) and testing for your child and family. This can be helpful in understanding how your child came to have hearing loss, how likely future siblings are to have hearing loss and how likely your child is to have a child with hearing loss. VCGS has a visiting clinic in Warrnambool.
* MRI scan of the ears. Large vestibular aqueduct syndrome is one cause of childhood hearing loss. It can be diagnosed on MRI. Head injuries can cause sudden further loss of hearing in children with LVA. This becomes important around 4-5 years of age when children start to play sports where head injury is more likely. Children with LVA can be encouraged to avoid contact sports where head injury is more likely (for example, horse riding, gymnastics, moto-cross). CT scans involve radiation and are avoided if possible in children. MRI is safe for children. Very young children may need an anaesthetic to have an MRI. This can be done at the Children’s Hospital.
* All other children in the immediate and extended family and both parents should have a hearing test.
* When a new child is born into the extended family, a newborn hearing screen in the first few days of life and then a full hearing test within 3 months of birth should be done. The earlier a hearing loss is picked up and hearing aids are fitted, the better the child will be able to develop language. If the initial test is normal, each related child should have a hearing test every year until the age of 5 years.