

GENERAL INFORMATION

Client Name: _____ DOB: _____ Male Female

Address: _____
Street address City State Zip

Home Phone: _____ Work Phone: _____

Email Address: _____
Your information will be kept strictly confidential and not divulged to any third parties.

Occupation: _____ Employer: _____

Name of person referring you to Clarity: _____

Name and address of primary care physician: _____

Do you think you have a hearing problem? _____ Do others? _____

When was this first noticed? _____

Did it happen gradually or suddenly? _____

What other symptoms occurred around the same time? _____

Possible cause of hearing loss? _____

Is there a family history of hearing loss? _____

MEDICAL HISTORY:

Have you been seen by a physician for your hearing loss? No Yes When:

By whom: _____

What was the diagnosis: _____

What treatment was given or recommended: _____

NOISE HISTORY

Have you ever worked in a noisy job (include military service)? Yes No

If "Yes" what type of job did you do? _____

For how long? _____

Did you use hearing protection (earplugs/earmuffs)? _____

For how long? _____

Do you or have you ever used guns? Yes No

If "Yes," how often? _____

Additional Information: _____

QUICK PATIENT PROFILE

1. What brought you to Clarity today? _____

2. How well do you currently hear in this environment?

	Well	Fair	Poor
One-to-one Conversations			
Quiet Room (1 to 2 people)			
Small Groups (4 to 6 people)			
Large Social Gatherings			
At the Work Place			
Watching Television			
During Religious Services			
Meetings/Lectures			
In the Car			
Outdoors			
On the telephone			

3. What is your experience with hearing aids? (Please check all that apply)

- I have never used or visited a Hearing Health Care Professional to ask about a hearing aid(s).
- I have been to another Hearing Health Care Professional to gather information regarding my hearing difficulties, but have not tried or purchased a hearing aid.
- I have tried a hearing aid(s) but returned the instrument(s).
- I have a hearing aid(s) but only wear it occasionally or not at all.
- I have a hearing aid and wear it regularly in the ___ right ear and/or ___ left ear.

4. Please rank the following in terms of importance in a hearing aid. (1-4 with 4 being the most important).

- Overall Sound Quality Reliability Style/Appearance Cost

5. On a scale of 1-10, how motivated are you regarding doing something about your hearing loss? (Please check one)

- 1-2 Not Motivated 3-4 Somewhat Motivated 5-6 Motivated
 7-8 Very Motivated 9-10 Extremely Motivated

WHAT IS A CENTRAL AUDIOTRY PROCESSING EVALUATION?

Central auditory processing (CAP) is, in essence, how the nervous system manages and interprets sound. It is best described as what the brain does with what the ears hear. We all have auditory processing skills, which we use, in varying amounts according to the situation. If these skills are poorer than normal, the listener may have difficulty understanding, remembering or comprehending what is being said by someone else, depending on the circumstances.

To evaluate someone's central auditory processing abilities, a battery of several listening tests is used, and the performance of the test subject is compared to that of individuals with no known central auditory problems. These tests involve having the person being evaluated listen to speech, which is presented in unusual ways or in competition with noise. It is when the auditory system is stressed or taxed in this manner that a central auditory processing disorder shows up. Prior to the CAP portion of the test, a standard hearing test battery including tone thresholds, speech reception thresholds, speech discrimination testing without noise and tympanometry will be done. This must be done as close to the day of the CAP testing as is possible for two reasons. First the volume levels at which the CAP tests are given are based upon individual hearing levels. Variations of five decibels are common from day to day when human hearing is measured. Second, the effect of middle ear fluid on CAP tests is variable, and if conditions suggesting fluid are present at the time of testing, then the results are not quite as valid.

To prepare a child for central auditory processing testing, tell them that they will be wearing headphones (demonstrate this at home if you have a pair), and will be asked to listen and repeat some words. They will also be listening for small sounds (beeps) and will need to push a button when they hear it. It is usually fun to do this. There is no pain, discomfort, wires, electrodes, or needles involved. Depending on the child, testing takes about one hour with another half-hour immediately following to discuss preliminary results with the parents.

To Whom It May Concern:

This is a brief description of the three tests included in the battery for assessing central auditory processing disorders. In addition to the audiometric evaluation, the three tests used were: **SSW (Staggered Spondaic Words), Speech-In-Noise, and Phonemic Synthesis Test**. A battery of tests is necessary since a CAP disorder cannot be diagnosed based on only one test. Three tests are usually considered the minimum number of tests necessary to make the diagnosis.

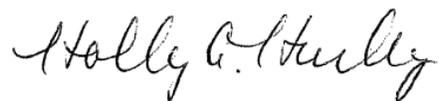
The **SSW Test** is a dichotic listening test. Its complicated scoring allows the examiner to analyze auditory memory skills as well as processing skills.

The **Speech-In-Noise Test** looks specifically at auditory figure-ground problems (problems hearing in background noise) by comparing monaural scores for quiet and +5 signal to noise ratio noise conditions for right and left ears separately.

The **Phonemic Synthesis Test** provides information about the individual's phonemic decoding skills (or ability to process on the speech sound level) as well as additional information about auditory memory skills and sequencing skills.

Norms are available for each of the tests for ages 5 through adult, and each of the above tests are analyzed based on the age-specific norms.

Sincerely,

A handwritten signature in cursive script that reads "Holly A. Hurley".

Holly A. Hurley, M.S., CCC-A
Audiologist

GENERAL FINANCIAL POLICIES

INSURANCE DISCLOSURE:

Please read and sign the following. If you have any questions about this form, please call Clarity's business office at (864) 331-1400.

I understand that am responsible for all costs not covered by my insurance company. These costs include, but are not limited to: service provided which are not covered by my policy, balances after insurance payment, or failure to obtain authorization before my appointment. I understand that I may be required to pay all amounts owed at the time services are rendered.

If there are any changes to you or your child's insurance between now and the time of your appointment, please notify us because your new insurance may not cover your services.

Signature of Patient or Parent/Guardian

Date

Patient Name

Patients Date of Birth

I authorize the release of any medical or other information to the insurance company that is necessary to process my insurance claim(s).

Signature of Patient or Parent/Guardian

Date

LATE CANCELLATION AND NO-SHOW POLICY

If for any reason, you are unable to keep this appointment, we request you call us 24 hours in advance at (864) 331-1400 to cancel or reschedule. If two appointments (in any six month time period) are missed or cancelled with less than 24 hour notice, we will reschedule the appointment after a six month waiting period from the time of the missed appointment.