



Today's Date: _____

Full Name (circle one): Mr. Ms. Mrs. Dr.

Date of Birth: _____

PERSONAL HISTORY - ADULT

Age: _____

Preferred Name: _____ Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

What is the best way to reach you? Home Phone Cell Phone E-mail Other: _____

Marital Status: Single Married Divorced Widowed _____

Accompanied by: _____ Relationship: _____

Employer: _____ Your Occupation: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Is it OK to call at work?: Yes No

Family Physician: _____ Physician Phone Number: (____) _____

How did you hear about our practice? Physician Yellowbook Radio Website Google Verizon Yellow Pages Other: _____

Please list persons (family members, doctors, etc.) with whom you give us permission to discuss your health information, send reports, and schedule future appointments:

- Referring Physician - _____
- Primary Care Physician - _____
- Other Physician - _____
- Family Member (s) - _____
- Other - _____

List power of attorney's contact information (if applicable) _____

MEDICAL HISTORY

Please check all medical symptoms that apply:

	Left Ear	Right Ear	Both	Dates of occurrence:
Ear Pain				
Ear Infections				
Ear popping				
Ear Surgery				
Ear Tubes				
Ear Drainage				
Ears Ringing				
Trauma (Head/ Ear)				
Ear Deformity				
Dizziness or unsteadiness				

Have you had any of the following? Please check all of those that apply.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Alzheimer's/ Dementia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Measles | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Decreased Feeling in Fingers | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |



Please check all medical symptoms and conditions that apply:	YES	NO
Eye problems (such as blurred or double vision or pain)		
Nose, throat, or mouth problems (such as trouble swallowing, nose bleeds, dental issues)		
Cardiovascular issues (such as hypertension, chest pain, swelling, palpitations)		
Respiratory issues (such as shortness of breath, cough, wheezing)		
Gastrointestinal issues (such as nausea, vomiting, weight changes, diarrhea, pain):		
Musculoskeletal issues (such as joint pain, swelling, recent trauma)		
Neurological symptoms (such as numbness, headaches, tingling, seizures, muscle weakness):		
Psychiatric issues (such as depression, anxiety, compulsions)		
Endocrine symptoms (such as frequent urination, hot flashes)		
Hematologic/lymphatic symptoms (such as bleeding gums, bruising, swollen glands)		
Allergic/immunologic symptoms (such as hives, asthma, itching, immune deficiency)		

List any operations _____

Other chronic illnesses _____

Any drug or other allergies (including latex/plastics) _____

Do you currently use any recreational drugs? Yes No

If yes, what drugs? _____

How often? Daily Weekly Monthly Occasionally Rarely

Do you currently drink alcohol beverages? Yes No

If yes, how often? Daily Weekly Monthly Occasionally Rarely

Have you smoked a cigarette, cigar, e-cig (vape), tobacco, one or more times in the past 24 months? Yes No

If yes, how often in the past 24 months? _____ Amount of use per day? _____

If yes, what do you use? Cigarette Cigar Pipe E-cig (vape) Other _____



Today's Date: _____

Full Name: _____

APD HISTORY - ADULT

Do you hear people speaking but have difficulty clearly understanding what is being said? _____

When did you first notice the problem? _____

Was it gradual or sudden?

What do you feel caused your problem? _____

Have you seen a physician for your hearing? If so, whom and when? _____

Are you right handed or left handed? _____

Do you have trouble hearing in background noise? _____

Where is the difficulty primarily located?

Right Ear Left Ear Both Ears Equally

Difficulty is (check one):

- Fairly constant from day to day
- Fluctuates widely, being very difficult some days and very mild other days
- Usually constant, but occasionally decreases markedly
- Usually constant, but occasionally increases markedly

Please indicate all the situations where you have been exposed to loud noises:

- Work Home Hobbies
- Shooting Guns Loud Music Other _____

Please check any of the following situations where you notice hearing appears worse:

- When tired After use of alcohol
- When tense or nervous Upon awakening
- At bedtime When relaxed



Is there a time of day when your hearing is most troublesome to you?

- At work
- In evening
- At social activities
- In morning
- When trying to concentrate
- Around Noise
- Other _____

Do you wear hearing protection in the presence of loud sounds?

- Yes
- No

If yes, how often do you wear hearing protection? _____

How does your hearing interfere with your activities?

Concentration: _____

Work/chores: _____

Family: _____

Religious Activities: _____

Social/recreation: _____

Exercise: _____

Sleep: _____

Other: _____

Are you easily Distractible?

- Yes
- No

If yes, please describe? _____

Do you have a personal or family history of ADD, ADHD, Learning or Attention Problems?

- Yes
- No

If yes, please describe? _____

Did you ever repeat a grade?

- Yes
- No

If yes, please describe? _____



Treatment History:

Please list all evaluations and/or treatments (including psychiatric, psychological, MRI, CT scan, etc.) you have had for your hearing. Please include the names of specialists who have performed evaluations or treatments, and the appropriate dates on which they were performed, using the reverse side if necessary.

	Provider	What was Done	Date	Result
1.				
2.				
3.				
4.				
5.				



Acknowledgement

Treatment, Consent, and Billing Agreement

Health Insurance Portability & Accountability Act (HIPPA) Acknowledgement

Authorization for Treatment and Procedures: I hereby agree to and give consent to be treated by *Audiology & Hearing Services of Charlotte, PLLC*.

(initial here) HIPPA Acknowledgement: By initialing this section and signing below, I acknowledge that I have had access to *Audiology & Hearing Services of Charlotte, PLLC's* notice of Privacy Practices. The Notice provides information about how we may use and disclose the medical information that we maintain about you. We encourage you to read the full Notice. I understand that a copy of the current Notice will be available in the reception area, the website (if applicable) and that any revised Notice of Privacy Practices will be made available upon request.

(initial here) Participation in Insurance Products: By initialing this section and signing below, I relieve *Audiology & Hearing Services of Charlotte, PLLC* of any responsibility in reference to nonparticipation in the insurance or if my services were to be performed by another entity.

(initial here) Release of Information: By initialing this section and signing below, I give permission to *Audiology & Hearing Services of Charlotte, PLLC* to disclose all or any part of my medical records to any of my other treating health care providers as needed for treatment purposes. *Audiology & Hearing Services of Charlotte, PLLC* will release information as permitted by law and/or HIPPA regulations.

(initial here) Educational and/or Marketing Information: By initialing this section and signing below, I authorize *Audiology & Hearing Services of Charlotte, PLLC* to send me educational and/or marketing information on the products and services offered by *Audiology & Hearing Services of Charlotte, PLLC*. No remuneration is involved in this communication. I understand that I may revoke this authorization, in writing, at any time.

(initial here) Financial Responsibility By initialing this section and signing below, I agree to accept the financial policies of *Audiology & Hearing Services of Charlotte, PLLC*. I understand that payment in full is due on the date of service, including all co-pays, co-insurance, deductibles, and payment for non-covered services.

Printed Name: _____

Signature of Patient or Guardian: _____

Date: _____



QUESTIONS ABOUT AUDITORY PROCESSING DISORDER (APD) TESTING

What is APD?

Auditory processing is not how well a person hears, but instead what the brain does with what a person hears. An individual can get a perfect score on a hearing test yet still have extreme difficulty with auditory processing. Many term this a listening disorder, joking “He hears what he wants to hear.” But in reality, auditory processing disorders can cause reading and spelling problems, in addition to difficulty following multi-step directions and remembering details from a story.

Individuals with auditory processing difficulties will present with specific symptoms. Often, they will act as if they have a hearing issue even when they pass every hearing test that is given. There are specific indicators that help you determine if auditory processing issues are present.

Of all the processing disorders, this one is most often missed or misdiagnosed. Many times, children are misdiagnosed with ADD or ADHD when they actually suffer from an auditory processing disorder.

Who can diagnose APD?

Only an audiologist with special training in APD can diagnose and auditory processing disorder. Experience, knowledge of similar disorders, and working with other professionals ensures an accurate diagnosis and individualized recommendations.

I suspect I have APD. Do I really need a diagnosis?

Yes. There are different types of APD that have similar symptoms but respond very differently to treatment and accommodations. What helps one type of APD can make things worse for another type of APD. Measurement and diagnosis is also important to monitor the effectiveness of treatment. If we can't define and measure performance it is impossible to determine progress.

Who can be tested for APD?

A comprehensive test battery is appropriate for individuals age 7 years and older. You must be able to tolerate headphones and repeat words and sounds. Reading and writing are not required for this test. Difficulties with attention (ADHD) will interfere with testing unless well controlled.



Does insurance pay for this?

We are out of network with all insurance plans. Insurance is a contract between you and the insurance plan you have chosen. Our services will all be considered out of network and subject to your deductible and out of network fee schedules. While we are happy to file your insurance claim, payment is expected in full at the time of service and your insurance company will reimburse you directly within your plan guidelines.

It is your responsibility to contact your insurance to determine what your benefits are.

The following CPT codes are commonly used during this testing:

92552	Pure tone, air conduction	\$45.00
92556	Speech recognition, discrimination	\$50.00
92550	Tympanometry and acoustic reflex testing	\$45.00
92558	DPOAE	\$30.00
92620	APD evaluation testing, 60 minutes	\$400.00
92621	APD testing, report writing, 60 minutes	\$200.00
92626	Feedback session with parents, 60 min.	\$150.00

What is the average price of APD testing?

In general, APD testing will usually run \$770-\$920. This includes a review of medical records from other specialists, 2 hours of in-office testing, report, and a follow up conference to go over results. If you cannot afford testing there are payment options. However, the final report will not be released until payment is received in full.

Why is this testing so expensive?

APD testing is very time consuming. There is no cookie cutter approach. This means time spent in testing (2 hours in the office) plus at least 1-2 hours scoring data and writing an individualized report and 1 hour of time with the family to go over all the results. There are other providers who may charge less, but *be sure you are comparing apples to apples*. We have found that these providers may only complete testing that looks at one or two areas of processing and use the same list of recommendations for each patient. This is not best practice and helpful for treatment.

What tests do you do?

Tests are chosen to be sure we cover all areas of processing. Attention is assessed with the ACPT or IVA-QS. Auditory memory is assessed with the Digit Memory Span. Dichotic listening is assessed with the SSW, Competing sentences, and dichotic digits test. Phonemic synthesis looks at decoding. Monaural low redundancy skills are assessed with the filtered words and time compresses sentences test. Temporal processing tests include gap detection, pitch pattern sequence, and duration pattern sequence testing. Speech in noise is assessed with the BKB-SIN or Quick-SIN.



Is there treatment for APD?

Treatment of APD generally focuses on three primary areas: changing the learning or communication environment, recruiting higher-order skills to help compensate for the disorder, and remediation of the auditory deficit itself. The primary purpose of environmental modifications is to improve access to auditorily presented information. Suggestions may include use of electronic devices that assist listening, teacher-oriented suggestions to improve delivery of information, and other methods of altering the learning environment so that the child with APD can focus his or her attention on the message.

Direct treatment of APD seeks to remediate the disorder itself. There exist a wide variety of treatment activities to address specific auditory deficits. Some may be computer- assisted, others may include one-on-one training with a therapist. Sometimes home-based programs are appropriate whereas others may require children to attend therapy sessions in school or at a local clinic. Once again, it should be emphasized that there is no one treatment approach that is appropriate for all children with APD. The type, frequency, and intensity of therapy, like all aspects of APD intervention, should be highly individualized and programmed for the specific type of auditory disorder that is present.

How do I schedule an appointment?

You can request a referral from your physician or refer yourself. The office phone number is 704-4127975 or you may contact the office via email at mkarp@audiologycharlotte.com.



Late Policy

Late Policy

If a patient is late for an appointment we ask that you call and let us know you are on your way. However, if you are more than 15 minutes late you will have to reschedule your appointment and will be considered a "No-Show".

Cancellation of Appointment(s) / No-Shows

Patients wanting to cancel an appointment are asked to call the office 24 hours in advance. The charge for not canceling within a 24-hour notice is \$25.00, which will be charged to your account and is not payable by any insurance company.

Patients who "No-Show" with no previous notification three times for scheduled appointments may be discharged from the practice.

Informed consent /Agreement:

- I have been informed of and understand the Clinic's late policy.
- I have been informed of and understand the Audiology & Hearing Services of Charlotte No Show/ Late Cancellation Policy. I understand that a no-show or late cancellation will result in a \$25.00 Charge that is not covered by any insurance. I understand that three consecutive no show or late Cancellations may result in dismissal from the Clinic.

Signature of Patient / Guardian: _____ Date: _____