

History of Problem (Deaf or Hearing Impaired)

All questions must be answered on this page.

Describe the present concern: _____

Describe the history of the problem: _____

Describe your hearing loss: R L Both Onset: _____

Cause: _____

Aids? Y N If so, When first aided? _____ Currently Aided? Y N

If not, Why not? _____

Please attach or have sent a copy of your most recent audiological evaluation. If possible, please include your complete audiological history.

Have there been previous speech or language assessments? Y N Where? _____ By whom? _____

When? _____ Describe: _____

Has there been previous treatment? Y N Where? _____ By whom? _____

When? _____ How long? _____

Describe: _____

Please attach or have sent any copies of relevant reports from other agencies.

What do you feel contributes the most to the problem? _____

What are your feelings about the problem? _____

Has your communication difficulty affected your social life? Y N If so, explain: _____

If you didn't have a speech problem how would your life be different? _____

What do you hope to gain from the present evaluation? _____

What do you hope to gain from treatment? _____

Other information you would like us to know: _____