



# Patient Registration Form

- ☐ New patient registration  
☐ Update of current patient demographic information

## Demographic Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Gender (*check one*): ☐ Male ☐ Female

Gender (*check one*): ☐ Male ☐ Female ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male ☐ Non-Binary

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Contact (*check one*): ☐ Home ☐ Work ☐ Cell ☐ Email ☐ Text

Appointment Reminders (*check all that apply*): ☐ Home ☐ Work ☐ Cell ☐ Email ☐ Text

If child, please list the name of the custodial parents/guardians: \_\_\_\_\_

Marital Status (*check one*): ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic Partner

Name of Spouse/Partner, if applicable: \_\_\_\_\_

Current Employment Status (*check one*):

☐ Full-time ☐ Part-time ☐ Retired ☐ Unemployed ☐ Stay at Home Parent ☐ Student

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spoken Language (*complete all that apply*): ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Race (*check one*): ☐ American-Indian ☐ Asian ☐ African American ☐ Pacific Islander ☐ White ☐ Other: \_\_\_\_\_

Ethnicity (*check one, if applicable*): ☐ Hispanic ☐ Latino

## Emergency Contact Information

Emergency Contact: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

## Physician Information

Referring Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like Hearing Doctors of NJ to send a copy of your current and future test results and/or reports to  
(please check all that apply; by checking the box and listing names below, you are authorizing Hearing Doctors of  
NJ to communicate with these entities regarding your healthcare and treatment):

☐ Referring Physician: \_\_\_\_\_

☐ Primary Care Physician (PCP): \_\_\_\_\_

☐ Other Physician, please specify: \_\_\_\_\_

☐ School, please specify: \_\_\_\_\_

☐ Family Member(s)/Guardian(s), please specify: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ None (self-pay option only)

How did you hear about Hearing Doctors of NJ? (Please check all that apply):

☐ Hearing Doctors of NJ Facebook Page

☐ Hearing Doctors of NJ Website

☐ Hearing Doctors of NJ Sign

☐ Health Fair Event

☐ Open House

☐ Internet/Search Engine, please specify which one:

\_\_\_\_\_

☐ Family Member/Friend, please provide full name  
so Hearing Doctors of NJ may thank him/her for  
the referral: \_\_\_\_\_

☐ Doctor, please specify:

\_\_\_\_\_

☐ Phone book, please specify which one:

\_\_\_\_\_

☐ Direct Mail Piece, please specify which one:

\_\_\_\_\_

☐ Newspaper, please specify which one:

\_\_\_\_\_

☐ Other:

\_\_\_\_\_

## Signature Information

\_\_\_\_\_ (*initial here*) By initialing this section and signing below, I acknowledge that I received a copy of Hearing Doctors of NJ's Notice of Privacy Practices. The Notice provides information about how Hearing Doctors of NJ may use and disclose the medical information that is maintained about you. Hearing Doctors of NJ encourages you to read the full Notice. I understand that a copy of the current Notice will be available in the reception area, the website, and that any revised Notice of Privacy Practices will be made available upon request.

\_\_\_\_\_ (*initial here*) By initialing this section and signing below, I authorize Hearing Doctors of NJ to send me educational and/or marketing information on the products and services offered by Hearing Doctors of NJ. No remuneration is involved in this communication. I understand that I may revoke this authorization, in writing, at any time.

\_\_\_\_\_ (*initial here*) By initialing this section and signing below, I agree to accept the financial policies of Hearing Doctors of NJ. 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.

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Signature of patient or custodial parent/guardian

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Date

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Printed name of patient or custodial parent/guardian

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Date



HEARING DOCTORS  
OF NEW JERSEY

## Office and Financial Policies

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Thank you for choosing Hearing Doctors of NJ for your hearing and balance healthcare needs. We are committed to you and your improved hearing and balance. We also want your experience with us to be a positive and productive one. To that end, we want to take this opportunity to inform our patients and their families of our payment policies. This knowledge will help you be better prepared for your appointment.

Hearing Doctors of NJ is only an in network provider with Horizon NJ Health. We are an out of network provider with all other insurance plans.

Insurance coverage is an agreement between you and your insurance carrier. It is your responsibility to determine whether or not you have out-of-network benefits, if you require prior authorization or a referral prior to services being provided, or if audiology services and/or hearing aids are covered through your plan. It is important to gather this information prior to your appointment with us. Hearing Doctors of NJ cannot submit a claim to any insurance carrier we are out of network with. Upon payment in full for services rendered, you will receive a paid in full invoice that you can submit to your insurance carrier for reimbursement.

It is very important that you inform us within 24 hours of your appointment if you need to cancel or reschedule. While we realize that emergencies do occur, Hearing Doctors of NJ reserves the right to charge a \$50 cancellation fee for all no-show appointments or appointments canceled with less than a 24 hour notice.

We understand that sometimes you may be running late to your appointment. Unfortunately, we have patients scheduled throughout the day and may not be able to see you if you arrive more than 15 minutes after your scheduled appointment time. We will try to accommodate you, if time allows. Otherwise, we will need for you come back later in the day, if a later appointment is available, or reschedule to another date and time.

Payment in-full is due at the time the services are provided. All hearing aid related charges must be paid on the date you take possession of the aid, accessory, or supply.

Hearing Doctors of NJ accepts payment in the form of cash, checks, American Express, Visa, MasterCard, and Discover credit card. We also offers a third-party credit program through CareCredit and Healthi Plan. There will be a \$50 fee for all bounced or returned checks.

It is also the policy of Hearing Doctors of NJ that we may maintain a credit card number on file. This allows us to bill you for an outstanding balance that is not collected within 90 days of the date you were initially billed, while continuing to provide you with care. We will not bill any charge to your credit card without first informing you of this in writing. You then have the right to use an alternate form of payment, if you so choose.

It is important that each patient accepts and meets their financial obligations to this practice. Otherwise, we will be unable to provide care to any of our patients. Hearing Doctors of NJ reserves the right, following 90 days of the initial invoice date, to forward all outstanding balances to either a third-party collection agency and/or small claims court. We also reserve the right to discontinue care or service to patients who have not met their financial obligations to us.

I understand if I have an unpaid balance to Hearing Doctors of NJ and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney's fees if so incurred during collection efforts.

In order for Hearing Doctors of NJ or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Hearing Doctors of NJ and the designated external collection agency are authorized to (i) contact me by telephone at the telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message and data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable.

#### Good Faith Estimate

This Good Faith Estimate shows the costs of the items and services that are reasonably expected for your health care needs for an item or service.

Estimates are not a guarantee of final billed services. We do our best to provide the most accurate quote with the given information we have at the time the estimate is generated. Estimates may change and this is not a contract, just an estimate to help you prepare for your services at the time of the visit.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if special circumstances occur. If you are billed more than \$400 over this Good Faith Estimate, federal law allows you to dispute your bill with the U.S. Department of Health and Human Services (HHS).

Comprehensive Audiogram CPT 92557 (\$190), Visual Reinforcement Audiometry CPT 92579 (\$195), Hearing Aid Evaluation Examination & Selection CPT 92591 (\$196), Telehealth For New Patient CPT 99443 (\$130) Evaluation of central auditory processing, with report CPT 92620 (\$1560), Cerumen Removal CPT 69209 (\$150), Basic Service V5299 - 15 Minutes (\$65), Basic Service V5299 - 30 Minutes (\$130), Tympanometry & Acoustic Reflex Testing CPT 92570 (\$65), Distortion Product Otoacoustic Emission Testing CPT 92588 (\$65)

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Signature of patient or personal representative

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Date



# Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## ABOUT THIS NOTICE

Hearing Doctors of NJ is committed to protecting your health information. This Notice of Privacy Practices ("Notice") is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as revised in the 2013 HIPAA Omnibus Rule. This Notice describes how Hearing Doctors of NJ may use and disclose your protected health information to carry out treatment, payment or audiologic/health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and Hearing Doctors of NJ's duties with respect to your protected health information.

"Protected health information" is information about you that may identify you and that relates to your past, present, or future physical or mental health/condition and related audiologic/health care services. Hearing Doctors of NJ must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact our privacy policy specialist at our office by calling (973)-577-4100.

## HOW HEARING DOCTORS OF NJ MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that Hearing Doctors of NJ may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made.

### Treatment

Hearing Doctors of NJ may use and disclose your protected health information to provide, coordinate, or manage your audiologic treatment and any related services. Hearing Doctors of NJ may also disclose your protected health information to other third party providers involved in your audiologic/health care. For example, your protected health information may be provided to a physician or other audiologic/health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other audiologic/health care provider has the necessary information to diagnose or treat you.

### Payment

Hearing Doctors of NJ may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program, or third party payers. This may include certain activities that your health insurance plan may undertake before it approves or pays for the audiologic/health care services Hearing Doctors of NJ recommends for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, Hearing Doctors of NJ may provide your health plan with medical information about the audiologic/health care services Hearing Doctors of NJ rendered to you for reimbursement purposes.

## Audiological/Health Care Operations

Hearing Doctors of NJ may use and disclose your protected health information for audiologic/health care operation purposes. These uses and disclosures are necessary to make sure that all patients receive quality care and for operation and management purposes. For example, Hearing Doctors of NJ may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of Hearing Doctors of NJ's team members in caring for you. Hearing Doctors of NJ also may disclose information to audiologists, physicians, nurses, technicians, medical students, and other personnel for educational and learning purposes.

## Treatment Communications

Hearing Doctors of NJ may provide treatment communications concerning treatment alternatives or other health related products or services. For communications for which Hearing Doctors of NJ or a business associate may receive financial remuneration in exchange for making the communication, Hearing Doctors of NJ must obtain written authorization unless the communication is made face-to-face and/or involving promotional gifts of nominal value. If you do not wish to receive these communications please submit a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, New Jersey 07039.

## Fundraising Activities

Hearing Doctors of NJ may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by Hearing Doctors of NJ. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, NJ 07039.

## Others Involved in Your Healthcare

Unless you object, Hearing Doctors of NJ may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, Hearing Doctors of NJ may disclose such information, as necessary, if Hearing Doctors of NJ determines that it is in your best interest based on professional judgment. Also, for example, if you are brought into this office and are unable to communicate normally with your clinician for some reason, Hearing Doctors of NJ may find it is in your best interest to give your hearing instrument and other supplies to the friend or relative who brought you in for treatment. Hearing Doctors of NJ may also use and disclose protected health information to notify such persons of your location, general condition, or death. Hearing Doctors of NJ also may coordinate with disaster relief agencies to make this type of notification. Hearing Doctors of NJ also may use professional judgment and experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up your hearing instruments, supplies, records, or other things that contain protected health information about you.

## Required by Law

Hearing Doctors of NJ may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

## Public Health

Hearing Doctors of NJ may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. Hearing Doctors of NJ may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.



## Business Associates

Hearing Doctors of NJ may disclose your protected health information to business associates that perform functions on Hearing Doctors of NJ's behalf or provide Hearing Doctors of NJ with services if the information is necessary for such functions or services. To protect your health information, however, Hearing Doctors of NJ require the business associate to appropriately safeguard your information.

## Communicable Diseases

Hearing Doctors of NJ may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

## Health Oversight

Hearing Doctors of NJ may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the audiologic/health care system, government benefit programs, other government regulatory programs and civil rights laws.

## Abuse or Neglect

Hearing Doctors of NJ may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, Hearing Doctors of NJ may disclose your protected health information if Hearing Doctors of NJ believes that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

## Food and Drug Administration

Hearing Doctors of NJ may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required by law.

## Legal Proceedings

Hearing Doctors of NJ may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

## Law Enforcement

Hearing Doctors of NJ may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

## Coroners, Funeral Directors, and Organ Donation

Hearing Doctors of NJ may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. Hearing Doctors of NJ may also disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out its duties. Hearing Doctors of NJ may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

## Research

Hearing Doctors of NJ may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

## Serious Threat to Health or Safety

Consistent with applicable federal and state laws, Hearing Doctors of NJ may disclose your protected health information to prevent or lessen a serious threat to your health and safety, or to the health and safety of another person or the public.

## Military Activity and National Security

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, Hearing Doctors of NJ may disclose your protected health information to authorized officials so they may carry out their legal duties under the law.

## Workers' Compensation

Hearing Doctors of NJ may disclose your protected health information as authorized for workers' compensation or other similar programs that provide benefits for a work-related illness.

## For Data Breach Notification Purposes

Hearing Doctors of NJ may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

## Required Uses and Disclosures

Under the law, Hearing Doctors of NJ must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

## SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

- Uses and disclosures of protected health information for marketing purposes for which Hearing Doctors of NJ or a business associate may receive remuneration; and
- Disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that Hearing Doctors of NJ has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

### Right to be Notified if there is a Breach of Your Protected Health information

You have the right to be notified upon a breach of any of your unsecured protected health information.

#### Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in your medical and billing records and any other records that Hearing Doctors of NJ uses for making decisions about you. To inspect and copy your medical information, you must submit a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, NJ 07039. If you request a copy of your information, Hearing Doctors of NJ may charge you a reasonable fee for the costs of copying, mailing or other costs incurred in complying with your request. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, Hearing Doctors of NJ may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact our privacy policy specialist at our office by calling (973)-577-4100 if you have questions about access to your medical record.

#### Right to Request Restrictions

You may ask Hearing Doctors of NJ not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. To request a restriction on who may have access to your protected health information, you must submit a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, New Jersey 07039. Your request must state the specific restriction requested and to whom you want the restriction to apply. Hearing Doctors of NJ is not required to agree to a restriction that you may request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or audiologic/health care operation purposes and such information you wish to restrict pertains solely to an audiologic/health care item or service for which you have paid Hearing Doctors of NJ "out-of-pocket" in-full. If Hearing Doctors of NJ believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If Hearing Doctors of NJ does agree to the requested restriction, Hearing Doctors of NJ may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

#### Right to Request Confidential Communication

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Hearing Doctors of NJ will accommodate reasonable requests. You must request this by submitting a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, New Jersey 07039.

#### Right to Request Amendment

You may request an amendment of your protected health information contained in your medical and billing records and any other records that Hearing Doctors of NJ uses for making decisions about you, for as long as Hearing Doctors of NJ maintains the protected health information. You must request for an amendment by submitting a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, New Jersey 07039, and provide the reason(s) that support your request. In certain cases, Hearing Doctors of NJ may deny your request for an amendment. If Hearing Doctors of NJ denies your request for an amendment, you have the right to file a statement of disagreement with Hearing Doctors of NJ and they may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

#### Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures Hearing Doctors of NJ has made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures Hearing Doctors of NJ may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. You must request for an accounting of disclosures by submitting a written request to Hearing Doctors of NJ 340 E Northfield Rd #2B, Livingston, New Jersey 07039, and provide the reason(s) that support your request.

#### Right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice even if you have agreed to receive this notice electronically. You may ask Hearing Doctors of NJ to give you a copy of this notice at any time. To obtain a paper copy of this Notice, please contact our privacy policy specialist at our office by calling (973)-577-4100.

#### COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with Hearing Doctors of NJ or with the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with Hearing Doctors of NJ, Please contact our privacy policy specialist at our office by calling (973)-577-4100. All complaints must be submitted in writing. Hearing Doctors of NJ will not retaliate against you for filing a complaint.

#### CHANGES TO THIS NOTICE

Hearing Doctors of NJ reserves the right to change this Notice at any time. The new Notice will be effective for all health information Hearing Doctors of NJ already has about you as well as any information received in the future. You can also obtain a revised Notice at [www.hearingdoctorsnj.com](http://www.hearingdoctorsnj.com) or by contacting Hearing Doctors of NJ at (973)-577-4100.

Hearing Doctors of NJ  
340 E Northfield Rd #2B,  
Livingston, New Jersey 07039

This Notice is effective as of April, 2020.



HEARING DOCTORS  
OF NEW JERSEY

# Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I acknowledge that I received a copy of Hearing Doctors of NJ's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, on the website, and that I will be given a copy of any amended Notice of Privacy Practices upon request.

- This Notice informs me how Hearing Doctors of NJ will use my health information for the purposes of my treatment and/or payment for my treatment.
- This Notice explains in more detail how Hearing Doctors of NJ may use and share my health information for other than treatment, payment, and health care operations.
- Hearing Doctors of NJ will also use and share my health information as required/permitted by law.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date



# Pediatric Case History Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: (check one) ☐ Male ☐ Female ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male ☐ Non-Binary

Mother's full name: \_\_\_\_\_

Father's full name: \_\_\_\_\_

Legal guardian's full name(s): \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

## Audiologic History

Was a Newborn Hearing Screening completed: (check one) ☐ Yes ☐ No

If so, when: \_\_\_\_\_ Where: \_\_\_\_\_

What were the results (check one): ☐ Pass ☐ Fail/Refer

Additional testing dates: \_\_\_\_\_ Where: \_\_\_\_\_

Does the child:

- ☐ Consistently respond to sounds ☐ Turn to find a sound source ☐ Startle to loud noise  
☐ Respond to his/her name ☐ Enjoy listening to music

Does the child have any sinus/allergy problem (check one) ☐ Yes ☐ No

Symptom(s): \_\_\_\_\_

Treatment(s): \_\_\_\_\_

Does the child snore (check one) ☐ Yes ☐ No

Does the child experience hearing loss: (check one) ☐ Yes ☐ No

If so, which ear (check one): ☐ Right ☐ Left ☐ Both

If s/he experiences hearing loss, which best describes it (circle one): ☐ Gradual ☐ Fluctuating ☐ Sudden

When was it diagnosed: \_\_\_\_\_ Who diagnosed it: \_\_\_\_\_

When did you first notice the hearing loss? \_\_\_\_\_

What do you think is the cause of the hearing loss? \_\_\_\_\_

Has the child ever worn or tried a hearing aid or amplifier (check one): ☐ Right ☐ Left ☐ Both

If so, when: \_\_\_\_\_

What type and/or style of hearing aid or amplifier: \_\_\_\_\_

Please describe the experience: \_\_\_\_\_

PLEASE CHECK ALL OF THE MEDICAL CONDITIONS THAT APPLY:

☐ Ear pain If checked, which ear: (*check one*) ☐ Right ☐ Left ☐ Both

☐ Ear drainage If checked, which ear: (*check one*) ☐ Right ☐ Left ☐ Both

Frequency of episodes: \_\_\_\_\_ Drainage Color: \_\_\_\_\_ Texture: \_\_\_\_\_ Odor: \_\_\_\_\_

☐ Dizziness or unsteadiness

If checked Is the dizziness accompanied by: (*check all that apply*)

☐ Vomiting ☐ Nausea ☐ Ear Noises/Tinnitus

If So, when \_\_\_\_\_

☐ Ear malformations If checked, which ear: (*check one*) ☐ Right ☐ Left ☐ Both

☐ History of ear infections If checked, which ear: (*check one*) ☐ Right ☐ Left ☐ Both

☐ Previous ear surgery If checked, which ear: (*check one*) ☐ Right ☐ Left ☐ Both

If so, when: \_\_\_\_\_

☐ Sinus/allergy problems \_\_\_\_\_

☐ History of earwax buildup If checked, which ear: (*check one*) ☐ Right ☐ Left ☐ Both

☐ Family history of hearing loss If checked, who is the family member: \_\_\_\_\_

☐ Exposure to loud noise If so, when: \_\_\_\_\_ What type of noise: (*check all that apply*)

☐ Military ☐ Recreational ☐ Employment ☐ Other: \_\_\_\_\_

Do/Did you wear hearing protection devices: (*check one*) ☐ Always ☐ Sometimes ☐ Never

☐ Developmental disorder/delay. Please explain: \_\_\_\_\_

☐ Other (*please describe*): \_\_\_\_\_

## Birth History

Hospital/Birthing Center: \_\_\_\_\_

Length of pregnancy: \_\_\_\_\_ weeks Age of the mother during pregnancy: \_\_\_\_\_ years

Complications (*check all that apply*): ☐ Pregnancy ☐ Labor/Delivery ☐ Illness ☐ Accidents

Other Conditions: \_\_\_\_\_

Explain: \_\_\_\_\_

Labor (*check one*): ☐ Spontaneous/Natural ☐ Induced ☐ Cesarean

Length of labor: \_\_\_\_\_ hours Birth weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

At birth, did the child have any of the following complications (*check all that apply*):

<input type="checkbox"/> Blue color	<input type="checkbox"/> Infection of baby and/or mother	<input type="checkbox"/> Premature birth
<input type="checkbox"/> Breathing/respiratory difficulties	<input type="checkbox"/> Jaundice/Hyperbilirubinemia	<input type="checkbox"/> Sucking/swallow difficulties
<input type="checkbox"/> Breech birth	<input type="checkbox"/> Low APGAR score	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cesarean birth	<input type="checkbox"/> Low birth weight	

Explain: \_\_\_\_\_

## Mother's Pregnancy History

Medications taken by the mother during pregnancy:

Drug Name	Dosage (mg)	Frequency (how often)	Route (into body)

*\*\* Continue on separate page, if needed*

Did any of the following occur during pregnancy (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cytomegalovirus (CMV) | <input type="checkbox"/> Kidney Infection | <input type="checkbox"/> Syphilis      |
| <input type="checkbox"/> German measles        | <input type="checkbox"/> Rubella          | <input type="checkbox"/> Toxoplasmosis |
| <input type="checkbox"/> Herpes                |   |  |

Did the mother use tobacco and/or smoke during pregnancy (*check one*) ☐ Yes ☐ No

If so, number of cigarettes/uses per day: \_\_\_\_\_

Did the mother drink alcohol during pregnancy: (*check one*) ☐ Yes ☐ No

If so, frequency, consumption, what alcohol: \_\_\_\_\_

Did the mother use recreational drugs during pregnancy: (*check one*) ☐ Yes ☐ No

If so, what drugs, frequency, and route: \_\_\_\_\_

## Development History

Does the child's development seem normal to you: (*check one*) ☐ Yes ☐ No

Does the child's development seem normal to others: (*check one*) ☐ Yes ☐ No

At what age did the child first:

Hold his/her head up alone: _____	Crawl: _____
Sit alone without support: _____	Babble: _____
Walk unattended: _____	Feed him/herself: _____
Become toilet trained: _____	Begin to say single words: _____
Combine two-words together: _____	Use full sentences: _____

Describe the child's gross motor skills: \_\_\_\_\_



Has the child been diagnosed with, or treated for, any of the following (*check all that apply*):

- ☐ ADD/ADHD ☐ Language Disorder ☐ Neurological Problems  
☐ Articulation/speech disorder ☐ Learning Disability ☐ Physical Impairment  
☐ Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Has the child undergone any of the listed therapies (*check all that apply*):

- ☐ Occupational ☐ Physical ☐ Speech/Language ☐ Vision ☐ Other: \_\_\_\_\_

Start date: \_\_\_\_\_

Frequency: \_\_\_\_\_

End date: \_\_\_\_\_

Location: \_\_\_\_\_

## Educational History

Does the child attend day care (*check one*): ☐ Yes ☐ No

Location: \_\_\_\_\_

Does the child attend pre/school (*check one*): ☐ Yes ☐ No

Location: \_\_\_\_\_

Grade: \_\_\_\_\_ Contact: \_\_\_\_\_

Special accommodations: \_\_\_\_\_

## Family History

Family history of hearing loss (*check one*): ☐ Yes ☐ No

If so, who and cause: \_\_\_\_\_

Was the patient adopted (*check one*): ☐ Yes ☐ No

If so, from what country: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

Other siblings (*check one*): ☐ Yes ☐ No

Sibling(s) Name(s)	Date of birth	Relationship ( <i>full, half, step, adopted</i> )

## Home Environment

Primary language spoken at home (*check one*): ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Other language(s) spoken (*check all that apply*): ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

## Medical History

Child's current medications, supplements, vitamins- prescription or over-the-counter (OTC):

Drug Name	Dosage (mg)	Frequency (how often)	Route (into body)

*\*continue on a separate page, if needed*

Has the child ever been treated with (check all that apply):

☐ Chemotherapy    ☐ Gentamycin    ☐ Radiation    ☐ Streptomycin    ☐ Vancomycin

Allergies (foods, medications, plastics, latex, etc.): \_\_\_\_\_

Has the child had a high fever- above 104oF (check one): ☐ Yes    ☐ No

If so, when: \_\_\_\_\_

Treatment(s): \_\_\_\_\_

Last physician appointment date: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Other illnesses, surgeries, injuries, or hospitalizations since birth and their approximate date(s) of occurrence: \_\_\_\_\_

Has the child been immunized (check all that apply):

<input type="checkbox"/> Anthrax	<input type="checkbox"/> Influenza	<input type="checkbox"/> Rabies
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Meningococcus	<input type="checkbox"/> Rubella
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Mumps	<input type="checkbox"/> Smallpox
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pertusis	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Zoster
<input type="checkbox"/> Human Papillomavirus (HPV)	<input type="checkbox"/> Polio	<input type="checkbox"/> Other: _____

Has the child experienced any of the following major medical conditions (check all that apply):

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Mumps
<input type="checkbox"/> Appetite Changes	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> High Fevers	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Influenza	<input type="checkbox"/> Stroke
<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Genetic Disorders	<input type="checkbox"/> Malaise	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Headaches	<input type="checkbox"/> Malaria	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Measles	<input type="checkbox"/> Vascular Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Other: _____

Please circle all medical symptoms or conditions that apply:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Eye problems ( <i>such as blurred or double vision, visual loss</i> ):                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nose and sinus problems ( <i>such as nose bleeds, sinus surgeries</i> ):                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cardiovascular issues ( <i>such as hypertension, chest pain, swelling, palpitations</i> ):         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respiratory issues ( <i>such as shortness of breath, cough, wheezing</i> ):                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gastrointestinal issues ( <i>such as nausea, vomiting, weight changes, diarrhea, pain</i> ):       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Musculoskeletal issues ( <i>such as joint pain, swelling, recent trauma</i> ):                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neurological symptoms ( <i>such as numbness, headaches, tingling, seizures, muscle weakness</i> ): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Psychiatric issues ( <i>such as depression, anxiety, compulsions</i> ):                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Endocrine symptoms ( <i>such as frequent urination, hot flashes</i> ):                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hematologic/lymphatic symptoms ( <i>such as bleeding gums, bruising, swollen glands</i> ):         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergic/immunologic symptoms ( <i>such as hives, asthma, itching, immune deficiency</i> ):        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments related to Review of Symptoms above: \_\_\_\_\_



# ELF – Early Listening Function

Discovery tool for parents and caregivers of infants and toddlers

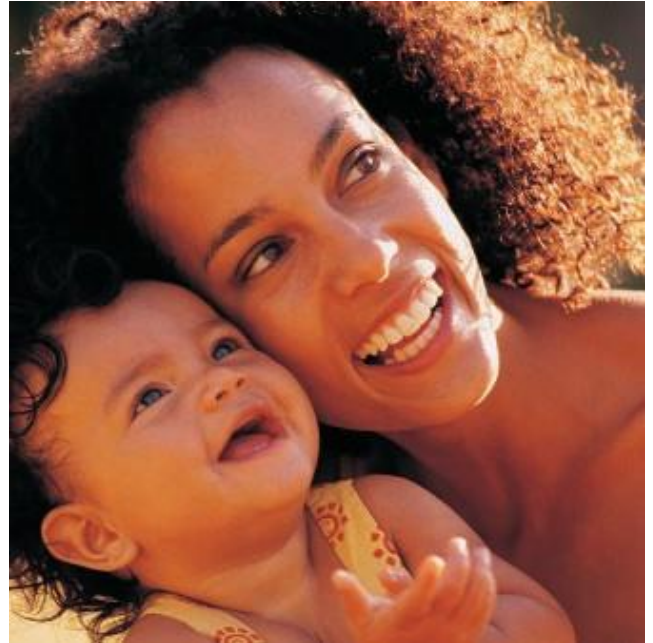
## User's Manual

This manual is for pediatric audiologists and early intervention service providers who are working with families of infants and toddlers with hearing impairment. The Early Listening Function instrument has been designed to obtain an indication of the functional use of hearing in very young children. The ELF has three primary purposes:



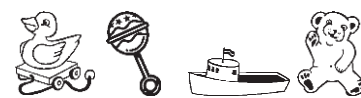
### Parent involvement and empowerment

With universal newborn hearing screening, infants with hearing loss are being identified in the first month of life and parents are typically not prepared for the diagnosis of hearing loss in their newborn. The adjustment to having a child with hearing loss and the eventual acceptance of the hearing loss as an integral feature of the child's life comes with the understanding of how the hearing loss may affect the child. Gaining the parents' involvement and participation in the discovery process of how the child functions auditorily can be very beneficial to the adjustment and acceptance process of the parents. It also establishes a partnership between the parents and audiologist as the team who identifies the child's hearing abilities and current limitations and growth (change) over time. Through this participation, parents are empowered to be involved in observing their child's hearing behavior. This can then lead to a deeper appreciation of the nature of communication and to readiness to become informed about effective parent-child interaction strategies and techniques to facilitate auditory development. For children with mild or unilateral hearing loss, the ELF can assist the parents in recognizing the limitations of the hearing loss, which may motivate them to consider amplification use seriously. Children with the best language outcomes are those who have parents that are intimately involved in all areas of early intervention and hearing loss management. As the child's pediatric audiologist, you have entered into a partnership to manage the child's hearing needs as they grow and develop throughout childhood.



### Estimating amplification benefit

Although diagnostic procedures are improving for young infants, there remains a degree of uncertainty about the exact hearing thresholds of most infants at the time they are fit with their first hearing instruments. The range of technologies available to audiologists to choose from when fitting young children has also increased. Real-ear-to-coupler difference (RECD) measures provide targets for hearing aid fitting. With involvement and careful observation by the parents and daily caregivers of the child, useful information can be gathered that can develop confidence in the optimal adjustment of the hearing instruments for daily use. The ELF can also be useful in determining if a personal FM system would be of benefit as the ELF activities raise the awareness of the parents about the daily situations and listening conditions would benefit from FM system use. The ELF can also be used as a pretest and post-test for comparing hearing instruments or FM system benefit.



## Tracking improvements in auditory development

Understanding the effect of hearing loss on communication access in daily situation by the parents and caregivers can only support the eventual communication outcomes of the child with hearing loss. Development of verbal language depends on consistent communication access. For parents that choose an auditory-oral or auditory-verbal communication option for their child, a strong focus on auditory development is necessary. Like any other developing part of the body, the auditory system develops as it is stimulated consistently over time. The ELF can assist parents and early interventionists in tracking a child's functional use of early auditory skills in the home. Recognizing the importance of proximity to the child during communication and how the *listening bubble* may affect the child's responses to auditory stimuli, may assist in realistic step-by-step auditory skills goal setting. Although the ELF listening activities are detection activities, other activities encouraging identification, discrimination, and comprehension of sound can be introduced in the same manner (close, far, quiet, typical, noisy) once the parent has become accustomed to the structure of presenting the ELF listening activities. Knowing the child's typical auditory behavior can also help the parent in detecting possible changes in hearing status due to otitis media with effusion or hearing loss progression. Finally, hearing loss is invisible and is difficult to explain in a clearly understood manner. The structure of the ELF may provide parents a clear and meaningful way to describe their child's hearing impairment to family and friends so that they may respond knowledgeably to a comment like "I've seen the baby hear and don't think he needs the hearing aids."

## Appropriate Use of the ELF

**Audiologist or early interventionist should discuss these points with parents prior to giving them the ELF**

The premise of the ELF is to identify if a child is able to detect certain types of sounds from different distances in both quiet and noise. Infants like to listen to sounds and voices, however, the behavioral response when a 1-month old perceives sound will be somewhat different than an older infant. In order for the ELF to provide appropriate results, parents

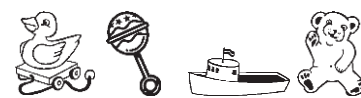
need to have a clear idea of what the activities are, how to do them, and what responses to expect. Discuss this information with the parents to prevent their possible frustration or misunderstanding of what they have observed. Some parents may need to have their early intervention services provider assist them in doing the ELF listening activities and observing the child's behavior. The ELF responses should be shared with the early intervention team to enhance the child's program. Also, discuss with the parents if they or you will be expected to complete one or both of the ELF score sheets. Not all families, audiologists, or early interventionists will want to track performance over time. Therefore, the audiologist needs to tailor ELF score sheet use for the individual family.

## Listening Activities

The child must not be able to see the person making the sounds, their shadow, or be able to detect the sound by feeling their breath, air moving, or other vibrations.

These listening activities are **not** "calibrated" sounds. However, it is important that the parent or caregiver attempt to use the same sound intensity during all presentations. For example, if a child responded to a whisper at 3 feet but not at 6 feet, the parent should not make the whisper louder to obtain a response at 6 feet. Only if the child responded more than once out of several presentations at 6 feet would the parent mark the response as a 'maybe.' A radio set on a talk station or the television on in the background would be appropriate when presenting listening activities in noise. Try to have this background noise on in the same room or an adjoining room with the door open when presenting the listening activities. The point is to see if the child who responds in quiet can also respond when noise is present. The signal to noise ratio is expected to be typical for the home, rather than a calibrated stimulus.

Responses to the ELF listening activities will be most pronounced for children who have a flat configuration of hearing loss or at least a mild degree of hearing loss across all speech frequencies. Children who have normal hearing through the low frequencies may have robust responses to most or all of the listed ELF listening activities. The audiologist or early interventionist working with the parents must be aware of this potential and may choose to not use the ELF if there is an island of normal or



minimal hearing loss. Alternatively, the audiologist or early interventionist may work with the family to include or replace some of the existing items with high frequency listening activities such as:

- Quiet ,tsk, tsk, tsk' sound in number 3 rather than quiet clucking tongue
- Mommy saing ,sss, sss, sss' quietly in number 4 rather than ,buh, buh, buh'
- Contrasting a child's responses to a caregiver making the sound of a duck quacking with the sound of a snake hissing rather than clapping hands together in number 7 (only record response for hissing sound).
- Response to shh-shh, shh-shh rather than „ship ship ship“ in number 8.
- Saying ,sss-shh, sss-shh, sss-shh' rather than ,shoe-buh' in number 9.

In discussing the activities with the parents, if the parents do not feel comfortable with any of the listening activities, discuss with them what a suitable replacement activity with quiet, typical, loud, or high or low frequency characteristics might be from their own environment. The activities should be easy to do and easy to repeat over time. For an example of rough use of frequency range, 'buh buh buh' is considered a lower frequency speech stimulus and 'ship ship ship' a higher frequency speech stimulus. The phrase 'shoe-ba, shoe-ba, shoe-ba' is considered to have both low and high frequency elements.

Caution the parents to hit the frying pan or do a loud door knock from a distance first. These loud sounds should be presented close to the baby's head only when more distant responses were not observed, especially when amplification is worn. Take the time to warn the parents about the dangers of loud sounds on hearing and comfort.

## Expected Responses

Young children respond best to voices, especially the voices of their parents.

Developmentally, newborns and children with normal hearing who are under 5 months of age do not respond to very low intensity sounds. The quiet listening activities listed may produce no response beyond six inches or three feet, especially if a moderate hearing loss or greater is present. Reassure the parents to not be concerned about these quiet activities until the child is at least 4–5 months old.

Reinforce that the baby needs to be quiet and content. Even when in the most receptive state, a baby may only respond once or twice to the listening activity. It is expected that the ELF will take a concerted effort over a period of days to complete. If there is an audiology appointment scheduled in two weeks, urge the parents to complete as much of it as possible. Their level of participation can provide insights into their state of grieving or real life priorities in the family.

Model for the parent or describe what to look for in the young infant's responses. The following responses are some of the easier behaviors to observe:

- 1) Moro response or startle reaction resulting in a full bodyjerk,
- 2) cessation of activity, stopping movement, cessation of sucking, quieting of random or intentional movements,
- 3) starting to suck or initiation of limb movements if the infant had been relatively still.

Infants older than 6 months will have clearer responses to sound and the use of the ELF listening activities by the parents may be more successful then. For children with normal hearing, rudimentary head turns can be expected at a developmental age of 5 months, only on a lateral plane, and a listening attitude may be present, including more interest in quiet voices. Developmentally, at 7-9 months the baby begins to be highly responsive to quiet voices and may localize to the side and indirectly below to either side. At 9-13 months of age to either side localization includes indirectly above. At 13-16 months developmental age and beyond, localization to the sides, below, and above is an expected response.

The ELF is just one of the many tools and techniques available to elicit impressions about a young child's hearing ability. It is not intended to be a diagnostic tool or a formal screening measure to detect hearing impairment or replace appropriate real ear to coupler difference amplification verification techniques. The ELF is intended to involve the parents or caregivers of a child with identified hearing loss in gathering information on how the young child is able to use his or her hearing ability under contrived listening situations in their environment.





# ELF = Early Listening Function

Discovery tool for parents and caregivers of infants and toddlers



## Why?

Hearing is a distance sense and a child with a hearing loss will have a reduced hearing range, or a **smaller listening bubble**, than a child with normal hearing. When you hear your young child fuss in the crib or bed when you are in another room, you are using your hearing range. In other words, you have a *listening bubble* that includes hearing sounds of that loudness and at that distance. People with hearing loss have smaller *listening bubbles*. How well young children with hearing loss function varies between individuals and typically shows some improvement with listening experience. Audiologists test to find out what tones or pitches of sound (from low to high) a child can detect. Only someone who is with the child for hours everyday can observe how the child is using his/her hearing ability in every day situations. Babies can react to sounds even while in the womb, so no child is too young to observe for responses to sound. Hearing aids will improve the size of the *listening bubble*. With use of amplification during all waking hours, auditory skills will usually improve over time, including how well a child is able to use sound for speech and verbal language.



## Who?

With another adult, try the following activities with your child. Infants or young children may react to a new sound only once, so you will need to try these different activities over a number of days. At least one adult, like mom or the daily caregiver, should be doing all of these activities with the child. The helper can be dad, the early intervention teacher, grandma, a neighbor, etc. Two activities ask for mom and dad's voice. If it is not possible for a parent to do this, a female and male voice should be used. If there is no male voice available, a female voice can be used, but the pitch of the voice used should be very low. The purpose is to find out if your child responds better to lower or higher pitch sounds.

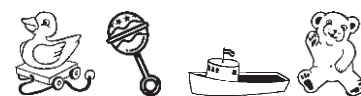


## What?

As you watch your child's reaction to sound, a response may be obvious, like startling or jerking the whole body when a louder sound is present, or very



subtle. For young infants, a change in breathing speed, sucking on a bottle and stopping when the sound occurs, eye widening or blinking, stopping all movement, movements of the arms or legs at the onset of the sound, or small frowns can all be subtle signs that a 1-4 month old baby heard a sound. The baby may do this only once or twice and then, even if the sound is heard, will probably not respond again for awhile. Young children respond best to voices. They do not respond to quiet sounds as well as older infants as this skill develops with listening experience. Due to this, an infant may seem to have more hearing loss at first than he really does. This is why it is important to remember that the ELF activities are meant to look at *functional responses to sound*. Starting at about 5 months, the child may purposefully turn in the direction of a sound, looking for the sound source. People need two ears with the same level of hearing to localize sound. If the child does not look for sounds as you would expect, there may be different hearing ability in each ear.



## When?

All activities should be tried when the baby is settled – awake but quietly sucking on a bottle, alert and looking at something interesting or playing with soft, quiet toys. A fussy baby, a toddler on the run, or a young child who is sleeping, is not ready to respond to sounds. You know your child best! You are more aware than anyone else of when your child responds best to things going on around him or her. Take 5 minutes when the baby seems most responsive to try some of these listening activities. There are many different listening situations that we are exposed to everyday. It is important to determine your child's ability to respond to sounds under quiet and noisy listening conditions. What is meant by *quiet* is having the television, music, or radio off, picking a time when any other children in the house are doing quiet activities in another part of the living area. Look for short, calm periods over time in which to administer the *quiet* activities. *Noise* refers to the typical busy household activities, such as when the TV is on or children are playing.

## How?

The activities were developed with a typical household in mind. You will be trying to get an idea of how your child will respond to sound at each distance, at first in quiet. Then introduce activities in noise. Start with the sounds at 6 inches, beginning with the quietest sound and then introducing the typical loudness sounds. If you know your baby responds readily to an activity at a quiet or typical loudness, assume that he or she will also respond when the loud activity is presented at that distance. Loud sounds can cause discomfort or an adverse response. In some circumstances, loud sounds especially for long periods over time may actually damage hearing. Therefore, introduce the loud sounds at 15 and 10 feet first. Do not produce a loud sound (hitting a frying pan) close to your young child unless you see no response to the quieter listening activities or no response to the loud sounds at the farthest distances. You will need to try to get two or more reactions to sound for each activity to be sure that the child was actually reacting to sound, and didn't just happen to move for any of a number of reasons other than noticing the sound you just made. Babies in their first couple of months can seem completely unaware to sound, even when they have some hearing. Children with hearing loss are often very

aware of other sensory input such as visual (movements/motion) or tactile (vibrations/feeling). When you are doing the listening activities you need to be sure that you are behind the child so that your baby cannot see you. Be sure your shadow is not visible or your breath or other vibrations are not felt by the child, causing a reaction, rather than the response being a specific auditory response. Doing the listening activities within six inches to three feet of your child will be the trickiest! Try to be consistent about how loud you make the noises as you present them at different distances. Your opinion based on watching your child respond to sound is important!



Determine the child's listening range



Artwork: Laurie Allen





# ELF Early Listening Function

Discovery tool for parents and caregivers of infants and toddlers

Child's name:

Child's birthdate:

Observer(s):

Place(s)

Date(s) of ELF observations:

1. You will be watching how your child responds to 12 listening activities you will present in your home or wherever the child is much of his or her waking hours.
2. Children who are alert, but not fussy are in the best state to respond to sound. These responses can be very subtle. Most of the time the child will only respond once or twice to the sound and then will not pay attention again for awhile. It may take observing your child over the course of a week before you have presented the sounds enough times to feel fairly certain about your child's capability to respond.
3. Loud sounds can cause adverse responses or discomfort. In extreme cases, a very loud sound could harm hearing. Therefore, it is important to not present the loud sounds close to your baby unless you have observed no responses to quieter sounds at near distances. Watch for responses in noise only after responses in quiet have been observed.
4. The favorite and most interesting sound for baby is the voice of the parents or daily caregivers. Finding out how well your voice is heard by the baby is important to know for encouraging the development of auditory and verbal communication skills.
5. Even babies with normal hearing who are less than 5 months of age do not respond to quiet sounds. Instead, they tend to startle at loud noises and may or may not respond to sounds at typical loudness. If you do not observe a response to sound, keep observing the child as his or her auditory system develops. The ELF listening activities will be easiest for babies to respond to if they are at least a developmental age of 5 months.
6. For most children with hearing loss who are listening in a quiet setting there will be no response to the quiet sounds or distant listening activities, especially when no amplification is used. Even children with mild or unilateral hearing loss will have some limitations listening to distant sounds or in noise. When the typical loudness sounds are presented close, it is anticipated that a child with a mild or moderate hearing loss will respond. The child may have inconsistent responses to the distant sounds when no amplification is used, and may respond to some quiet sounds with working amplification. Children who have a severe or profound degree of hearing loss may have few responses, even to the loud sounds.
7. Put a **Y** in the box, meaning **YES**, if you have observed the child responding to the specified listening activities most of the time (e.g., 4 of 5 times). Put an **M** in the box, meaning **MAYBE**, if you have observed the child responding some sounds, but only about half of the time (e.g., 2 or 3 of 5 times). Put an **N** in the box, meaning **NO**, if you have observed no responses to the listening activity.
8. If you know your child responds to the quiet sounds, put a Y in the box for the louder sounds. If he or she responded to the distant sounds for an activity, assume the child will respond to those sounds when near. If you know your child was unable to respond to the loud sounds, put an N in the box for the quieter sounds. If the child did not respond to near sounds, assume that he or she will not respond to far sounds.

ELF	Listening activities at different distances							Closest distance child responded in noise	
	6 ins.	3 ft.	6 ft.	10 ft.	Next room (15+ feet)	No. of Yes	No. of Maybe		
Quiet Activities	1. Mommy saying “sh,sh” quietly								
	2. Hands together, palms rubbing together briskly								
	3. Quiet clucking tongue								
	4. Mommy saying ‘buh buh buh’ quietly								
	Typical loudness activities	5. Turning water full on (kitchen sink, bathtub)							
		6. Mommy singing a song (i.e., Mary had a Little Lamb)							
		7. Clapping hands together in quiet applause							
		8. Daddy saying ‘ship ship ship’ in normal voice loudness							
		Loud Activities	9. Daddy says ‘shoe-buh, shoe- buh’ in loud voice						
	10. Loud door knock with knuckles								
	11. Hold 2 spoons together back-to-back by their ends and hit them hard on your palm twice								
	12. Hitting a frying pan or pot with a wooden or metal spoon								



# ELF – Early Listening Function

## Infant & Young Child Amplification Use Checklist

Child's name:

Child's birthdate:

Date completed:

Parents please complete this form each time your child uses new hearing aids, hearing aid settings, features, programs or other amplification devices, like FM systems or a cochlear implant map. Amplification devices are set precisely, however, some minor adjustments may be needed for optimal listening ability. Your observations can assist in determining improvements how well this amplification is meeting your child's listening needs in his or her every day environments. Complete these items approximately 4 to 10 days after your child begins to listen with the new or newly adjusted amplification. If possible, ask your child's other caregivers and the early intervention specialist that works with your family about what changes they observe. Share the completed form with the audiologist and be sure to discuss any questions you may have about the child's hearing or use of the amplification instrument.



Describe current amplification used (new settings, etc.)

A listening check of the amplification instruments is typically performed by an adult \_\_\_\_ times per (day) or (week) (e.g., battery check, listening with stethoset, watching for child responses to m, aw, oo, ee, sh, s, t sounds, checking settings, earmold fit, etc.)

Are parents/caregivers comfortable using the amplification system (very) (mostly) (somewhat) (not really) (no)

Are parents/caregivers comfortable with how to check and maintain (very) (mostly) (somewhat) (not really) (no)

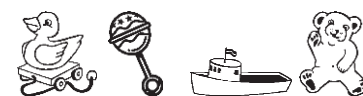
On a typical day, my child wears amplification \_\_\_\_\_ hours out of approximately \_\_\_\_\_ waking hours

My child appears to:	Not Observed				
	Disagree	No change		Agree	
1. Be more aware of my voice	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
2. Be more aware of environmental sounds	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
3. Search more readily for the location of my voice	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
4. Have an increased amount of babbling or talking	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
5. Have more interest in communicating	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)

During ELF listening activities, the size of my child's listening bubble:

1. Has improved for quiet sounds voices	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
2. Has improved for typical sounds and voices	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
3. Has improved for loud sounds and voices	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)
4. Has improved for listening in background noise	<input type="radio"/> (-2)	<input type="radio"/> (-1)	<input type="radio"/> (0)	<input type="radio"/> (1)	<input type="radio"/> (2)

Describe specific situations when you noticed improvements in listening ability:


**Child's name:**
**Date:**
**Child's birthdate:**

If desired, a child's observed responses to ELF listening activities can be converted to a numeric form and compared across time as the child develops auditory skills, experiences fluctuating hearing, or is fit with amplification instruments. Audiologist or early interventionist, count and multiply responses on the ELF parent response form to obtain weighted scores for quiet listening and bonus listening in noise points. Responses to noise should be categorized into three categories: no response (no points), responses observed at a distance of less than or equal to ( $\leq$ ) or greater than ( $>$ ) 6 feet.

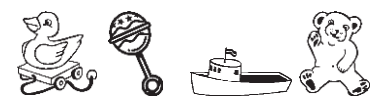
## ELF: Score Sheet

### Quiet Listening (Y = Yes / M = Maybe)

	Quiet				Typical				Loud				TOTAL (100 possible)
	No. of Y	Multiply x 12	No. of M	Multiply x 10	No. of Y	Multiply x 8	No. of M	Multiply x 6	No. of Y	Multiply x 5	No. of M	Multiply x 3	Add multiplied numbers
6 In.													
3 Ft.													
6 Ft.													
10 Ft.													
Next room													

### Listening in Noise (Y = Yes / M = Maybe)

	Quiet		Typical		Loud		TOTAL (100 possible)
	Response noted		Response noted		Response noted		Add multiplied numbers
	> 6 feet	$\leq$ 6 feet	> 6 feet	$\leq$ 6 feet	> 6 feet	$\leq$ 6 feet	
	Multiply worth = 30	Multiply worth = 25	Multiply worth = 25	Multiply worth = 15	Multiply worth = 3	Multiply worth = 2	
6 In.							
3 Ft.							
6 Ft.							
10 Ft.							
Next room							



Distance	TOTAL score in quiet	TOTAL SCORE for quiet + noise Q+N	No. of Y responses for quiet sounds Q+N	No. of Y responses for typical sounds Q+N	No. of Y responses for loud sounds	TOTAL noise bonus points	Audiologist involved on date of service (initials)
6 Inches							
3 Feet							
6 Feet							
10 Feet							
Next room							

**Hearing Status** \_\_\_\_\_

\* New diagnosis, new amplification, parent detected possible ear infection, check auditory development, etc.

### Hearing Loss Management Considerations Discussed by audiologist/interventionist:

Date(s) \_\_\_\_\_

- \_\_\_\_\_ Size of *listening bubble* (proximity for communication) in quiet needs to be at \_\_\_\_\_ distance or closer when **no** amplification is used.
- \_\_\_\_\_ Size of the *listening bubble* (proximity for communication) in quiet needs to be at \_\_\_\_\_ distance or closer when amplification is worn consistently.
- \_\_\_\_\_ Control of background noise needed when communicating, especially when distance between baby and speaker is beyond \_\_\_\_\_ feet.
- \_\_\_\_\_ Trial of hearing aid(s): type or special features.
- \_\_\_\_\_ Trial or continued use of hearing aid(s): type or special features.
- \_\_\_\_\_ Improvement noted due to early auditory development or progress in auditory skills.
- \_\_\_\_\_ Potential cochlear implant user, suggest parents contact implant team for more information.
- \_\_\_\_\_ Potential user for an FM system, due to difficulties listening in noise and to speech at a distance.  
Parent or caregiver has demonstrated willingness to use FM during the child's waking hours.
- \_\_\_\_\_ Hours use throughout the day: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_





# Children's Home Inventory for Listening Difficulties

## Questions for Parent to Answer

Try the following situations with your child or recall how your child has responded under these various situations. Everyone has some difficulty hearing clearly and understanding in some situations. Choose the level on the Understand-O-Meter you think describes your child's abilities most closely and place this number in the blank at the end of each question. This can be very difficult but try to estimate the child's listening abilities as best you can.

Child's Name: \_\_\_\_\_

Parent Completing CHILD: \_\_\_\_\_

## Understand-O-Meter

1. Sit next to your child and look at a book together or talk about something in front of you using familiar words and a normal conversational manner. Talk in a quiet place and sit so your child is not looking at your face as you talk together. How difficult does it seem for your child to hear and understand what you say? \_\_\_\_\_
2. Gather your family together for a meal at home or in a fairly quiet restaurant. Sit across the table from your child and ask some questions about a familiar topic or event. How difficult does it seem to be for your child to hear and understand ? \_\_\_\_\_
3. When your child is in his or her bedroom playing quietly, walk into the room and tell or ask the child something. Do not say the child's name or try to get their attention first. How difficult does it seem for your child to hear and understand ? \_\_\_\_\_
4. Watch a TV show or video (not cartoons) with your child. Ask questions about what was said or events in the show that were understood by listening to the dialogue. How difficult does it seem for him or her to hear and understand what people are saying on the TV show? (Show is seen for the first time and not closed captioned) \_\_\_\_\_
5. Observe your child playing inside with a friend, brother or sister. Watch for the other child to ask him or her to do something. How easy does it seem to be for your child to hear and understand other children when they talk? \_\_\_\_\_
6. When your child is watching TV or playing with a noisy toy, walk into the room and talk to him or her without first getting the child's attention. How difficult does it seem for your child to hear and understand the person when the noise from the TV or toy is on? \_\_\_\_\_
7. Call your child's name from another room when he or she is not able to see you. How difficult does it seem for him or her to hear and realize you are calling? \_\_\_\_\_
8. Use a clock radio or alarm when it is time for your child to get up. How difficult does it seem to be for him or her to hear an alarm clock or clock radio go off? If no clock is used how difficult is it for him or her to hear your voice and wake up without having to be touched or shaken? \_\_\_\_\_

### 8 GREAT

Hear every word,  
understand everything

### 7 GOOD

Hear it all, miss part of an  
occasional word, still  
understand everything

### 6 PRETTY GOOD

Hear almost all the words  
and usually understand  
everything

### 5 OKAY BUT NOT EASY

Hear almost all the words,  
sometimes misunderstand  
what was said

### 4 IT TAKES WORK BUT USUALLY CAN GET IT

Hear most of the words,  
understand more than half  
of what was said

### 3 SOMETIMES GET IT, SOMETIMES DON'T

Hear words but  
understand less than  
half of what was said

### 2 TOUGH GOING

Sometimes don't know right  
away that someone is talking,  
miss most of message

### 1 HUH?

Don't know that  
someone is talking,  
miss all of message



# Children's Home Inventory for Listening Difficulties

9. Observe your child playing with a group of children inside a house. It's noisy. (birthday party, cub scouts, etc.) How difficult does it seem to be for your child to understand what the children are saying as they play as a group?\_\_\_ -
10. A grandparent, family member or friend wants to talk to your child on the phone. How difficult does it seem to be for him or her to hear and understand what is said over the phone?\_\_\_ -
11. Observe your child playing outside with other children. How difficult is it for him or her to hear and understand what other children are saying when the children are outside and are not standing close to the child?\_\_\_ -
12. Go to a crowded store or mall with your child. When you are standing behind the child and he or she is looking at something, ask a question. How difficult does it seem to be for your child to hear and understand what you say?\_\_\_\_\_ -
13. Go into a large room with your child and speak to him or her from across the room. How well does he or she seem to hear and understand what you say?\_\_\_\_\_ -
14. Travel in the car with your child in the backseat. From the front seat say something to your child or ask a question. How easy does it seem for him or her to hear and understand what is said?\_\_\_\_\_ -
15. Sit in a quiet place, face your child and have a conversation or ask questions. How difficult does it seem for him or her to hear and understand what you say?\_\_\_\_\_ -

<b>Total of responses:</b>
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<b>Average of responses:</b> (Total divided by 15)
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**Comments:**

## Understand-0-Meter

- |   |
|---|
| <b>8 GREAT</b><br>Hear every word,<br>understand everything   |
| <b>7 GOOD</b><br>Hear it all, miss part of an<br>occasional word, still<br>understand everything                              |
| <b>6 PRETTY GOOD</b><br>Hear almost all the words<br>and usually understand<br>everything                                     |
| <b>5 OKAY BUT NOT EASY</b><br>Hear almost all the words,<br>sometimes misunderstand<br>what was said                          |
| <b>4 IT TAKES WORK BUT<br/>USUALLY CAN GET IT</b><br>Hear most of the words,<br>understand more than half<br>of what was said |
| <b>3 SOMETIMES GET IT,<br/>SOMETIMES DON'T</b><br>Hear words but<br>understand less than<br>half of what was said             |
| <b>2 TOUGH GOING</b><br>Sometimes don't know right<br>away that someone is talking,<br>miss most of message                   |
| <b>1 HUH?</b><br>Don't know that<br>someone is talking,<br>miss all of message  |