Bridgewater
Balance & Hearing

103 Suburban Rd, Suite 101-D
Knoxville, TN 37923
865-769-0283

117 S Charles Seivers #202
Clinton, TN 37716
865-269-4607

1240 Fox Meadows Blvd, Ste 5
Sevierville, TN 37862
865-453-3892

4010 Fountain Valley Dr, Suite 5,
Knoxville, TN 37918
865-377-4980

169 Westmoreland Street
Harrogate, TN 37752
865-769-0283

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Auditory Processing Disorder (APD) Evaluation

Your child has been scheduled for an APD evaluation. The assessment will be completed in two separate visits to this Center. Enclosed you will find forms for the child's primary caregiver to fill out. These forms should be completed prior to the first appointment. Should you decide to mail these documents, please copies for yourself. Please bring copies of any other evaluations your child may have had such as speech, language, or educational testing reports.

Preparing Your Child for the Appointment
In order to prepare your child for the appointment, your may want to tell him/her that he/she is going to see an audiologist who is going to check to see how well he/she hears. You may want to avoid using the word "test," as this causes anxiety in some children.

First Appointment
APD tests are not administered at the first visit. This is mainly an appointment at which your child's hearing will be thoroughly evaluated, and the audiologist will talk with you to determine if your child is indeed a candidate for an APD evaluation. This appointment is booked for two hours.

Second Appointment
The length of this appointment will depend on your child's attention span and performance on the APD tests. Typically, the appointment is booked for two hours. Make sure your child gets plenty of rest and a healthy meal or snack prior to the evaluation so he/she is ready to work when they arrive. Please be aware that candy and soda may encourage hyperactivity, which may reduce productivity. Sometimes there may be a brief waiting period; so, it would be a good idea to bring some activities to occupy your child.

Medications
If your child is on medication for ADD or ADHD, it is very important that they take their medication on the day of the test. This will help him/her to attend appropriately.

When NOT to Bring Your Child to an Appointment
If your child has an ear infection, serious sinus problem, or active illness, we CANNOT test him/her. Please call and notify this Center if you need to reschedule this appointment.

We look forward to seeing you and your child. Please do not hesitate to contact us at (865) 769 – 0283 if you have any questions.

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Registration Form

Patient Name:	DOB:	Age:
Preferred Name:		
Street Address:		
City:	State:	Zip:
Social Security #:	Gender: ☐ **Male** ☐ **Female**	

Social Security # of Responsible Party/Insured:	DOB:
Address of Guarantor, if different:	

Home Phone:	Work Phone:	Cell Phone:
Email Address:		Spoken Language: **English Spanish Other**
Marital Status: **Single Married Separated Divorced Widowed**		Name of Spouse, *if applicable*:
If child, please list the name of the custodial parent/guardian:		
Employer:	**Part-Time Full-Time Retired**	
Occupation:		
Emergency Contact:	Relationship to Patient:	Phone #:
Referring Physician Name:		Phone #:
Primary Care Physician Name:		Phone #:
Who may we thank for referring you to Bridgewater?		
Who is financially responsible for the bill?		Phone #:
Contact Preference: ☐ **Confidential** ☐ **Do Not Call** ☐ **OK to Leave Message** ☐ **Email**		

Would you like us 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 below you are authorizing Bridgewater to communicate with these entities regarding your healthcare and treatment):

- ☐ **Referring Physician**
- ☐ **Primary Care Physician**
- ☐ **Other Physician**
- ☐ **School**
- ☐ **Family Member**
- ☐ **Other**

Signature: _____ **Date:** _____

Guardian Signature *(if Patient is a minor)*: _____ **Date:** _____

6450-17 TN016

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Office and Financial Policies

Thank you for choosing Bridgewater Balance and Hearing for your hearing 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.

Bridgewater is a participating provider with most all insurance carriers in the area. We can assist you in determining whether or not we are a participating provider for your insurance plan. Insurance coverage is an agreement between you and your insurance carrier. We, as healthcare providers, just execute that agreement for you. As a result, it is your responsibility to determine whether or not you have out of network benefits (if Bridgewater is not a participating provider in your insurance plan) and whether or not 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. Bridgewater cannot submit a claim to any insurance carrier if we do not have all required orders, referrals, or prior authorizations on file, when needed. They cannot be obtained after the service is provided. If you are unsure of your coverage specifics, please bring your member benefits handbook with you to the appointment.

Insurance carriers often do not cover, in full, all goods and services. While we will verify coverage specifics with your insurance carrier as needed, please understand that these are NOT a guarantee of coverage or payment. There may be situations where your insurance carrier does not cover the specific good or service you are requesting. Bridgewater commits to providing quality, professional hearing healthcare to all its patients, regardless of their circumstance. When required and possible, we will work to offer an item or service that is within the limits of your insurance coverage.

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, Bridgewater reserves the right to charge up to a $125 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.

Your co-payment will be collected at the time the diagnostic services are provided and balances will be billed after Bridgewater has obtained an explanation of benefits from your insurance. All hearing aid related charges must be paid on the date you take possession of the aid, accessory, or supply. Bridgewater accepts payment in the form of cash, checks, Visa, MasterCard, and Discover. There will be a $30 fee for all bounced or returned checks.

It is also the policy of Bridgewater that we maintain a credit card number on file when/if a payment plan has to be arranged. This allows us to bill you for an outstanding balance that is not collected within 120 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. Bridgewater reserves the right, following 120 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 request Bridgewater Balance & Hearing submit a claim to my insurance company on my behalf, for services provided. I am aware insurance may not cover services provided, and I am financially responsible for the balance.**

Patient Signature: _____ **Date:** _____

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Record Release

I authorize Bridgewater Balance and Hearing to issue my hearing healthcare information to:

___ Physician(s): _____

___ Insurance Company: _____

___ Other(s): _____

Patient Signature: _____ Date: _____

Release of Records from Another Healthcare Provider

I authorize a release of my hearing and balance records to Bridgewater Balance and Hearing from:

_____

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Please Fax Records to:

____ Knoxville Office at (865) 769-0281

____ Sevierville Office at (865) 429-0719

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Please Provide a List of Your Current Medications

Medication	Dosage	Frequency	Condition (e.g., ADHD)

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Patient History

Patient's Name: _____ Date: _____

School Name: _____

Teacher's Name: _____ Grade: _____

Primary Reason for Referral: _____

_____

Why do you think your child may have an auditory processing disorder? _____

_____

Do you want your child present in the room when the APD test results are reviewed? ☐ Yes ☐ No

Is your child right- or left-handed? ☐ Right-Handed ☐ Left-Handed

How many weeks was the pregnancy with this child? _____

Were there any complications, illnesses, or infections during the pregnancy or at birth? ☐ Yes ☐ No

If yes, please explain: _____

Please check if you had any of the following during the pregnancy with this child:

☐ Rubella ☐ Syphilis ☐ Herpes ☐ Cytomegalovirus (CMV) ☐ Toxoplasmosis ☐ Other

Cesarean-section? ☐ Yes ☐ No Child's Birth Weight: _____ APGAR Scores: _____

Did your child need oxygen at birth? ☐ Yes ☐ No If yes, for how long? _____

Did your child need phototherapy at birth? ☐ Yes ☐ No If yes, for how long? _____

Was your child in the NICU? ? ☐ Yes ☐ No If yes, for how long? _____

Did your child pass his/her hearing screening in both ears at birth? ☐ Yes ☐ No

Has your child had his/her hearing tested by an audiologist? ☐ Yes ☐ No

If yes, when? _____ By whom? _____ What were the results? _____

Does your child have any permanent hearing loss? ☐ Yes ☐ No

If yes, please explain: _____

Is there a family history of hearing loss? ☐ Yes ☐ No

If yes, please explain: _____

Does your child have difficulty hearing when there is background noise present? ☐ Yes ☐ No

Has your child ever used hearing aids or any other amplification (e.g., FM system)? ☐ Yes ☐ No

How many ear infections has your child had at: 0 -12 mos ____ 12mo-5 yrs ____ 5 yrs – present: _____

When was his/her most recent ear infection? _____ How was it treated? _____

Has your child ever had tubes in his/her ears? ☐ Yes ☐ No If yes, when? _____

Has your child ever had any other ear surgery? ☐ Yes ☐ No If yes, please explain: _____

_____

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Please check any of the following that apply:

☐ Trauma to the head or ear	☐ Dizziness or clumsiness	☐ Jaundice
☐ Excessive noise exposure	☐ High Fever (over 102°F)	☐ Meningitis
☐ Blood Transfusion	☐ Attention Difficulties	☐ Diabetes
☐ Kidney Problems	☐ Heart Problems	☐ Vision Problems
☐ Allergies	☐ Frequent Runny Nose	☐ Easily Distractible
☐ Frequent Colds or Sinus infections	☐ Ringing/Buzzing in the ear(s)	☐ CT/MRI

Has your child had any serious accidents or illnesses? If yes, please explain: _____

_____

Has your child been diagnosed with any developmental delays, disorders, or syndromes – including ADD, ADHD, or any learning disorders? ☐ Yes ☐ No If yes, please explain: _____

_____

Is your child's speech and language age-appropriate? ☐ Yes ☐ No

Is he/she enrolled in speech and/or language therapy? ☐ Yes ☐ No

If yes, please describe where and how often: _____

Is there a family history of learning and/or attention problems? ☐ Yes ☐ No

If yes, please explain: _____

What type of classroom (e.g., mainstream, special education) is your child enrolled?

Please explain: _____

Has your child ever repeated a grade? ☐ Yes ☐ No If yes, please explain: _____

Please list any special services your child is receiving at school or privately. Please give the service (e.g., OT, PT, tutoring), frequency of services, and duration of each visit. _____

_____

How is your child doing in the following subjects? Please indicate if your child is at, below, or above grade level in each area.

Subject	At	Below	Above	Comments
Math	☐	☐	☐	_____
Spelling	☐	☐	☐	_____
Reading	☐	☐	☐	_____
Reading Comprehension	☐	☐	☐	_____
Writing	☐	☐	☐	_____
Music	☐	☐	☐	_____
Other Subjects	☐	☐	☐	_____

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Please check if your child has been evaluated by any of the following specialists:

☐ Speech-Language Pathologist ☐ Psychologist ☐ Occupational Therapist ☐ Physical Therapist

If yes, please explain when, by whom, and the outcome: _____

_____

_____

Does your child have a current Individualized Education Plan (IEP)? ☐ Yes ☐ No

If yes, what is the primary diagnosis? _____

If yes, what is the rollover date? _____

If no, do they have a 540 plan? ☐ Yes ☐ No

If yes, what is the primary diagnosis? _____

Auditory Processing Disorder (APD) Symptoms and Subtypes

The following checklists are drawn from a history questionnaire composed by Judith W. Paton, M.A., Audiologist, and Bonnie G. Rattner, Ed.D., Speech-Language Pathologist.
Please check all symptoms that your child exhibits.

Tolerance/Fading Memory Type APD

☐ Often seems to ignore people, especially if engrossed in an activity
☐ Hears less well, or is less attentive or productive, in ordinarily busy surroundings
☐ Difficulty following a series of spoken directions
☐ Unusually forgetful of information previously memorized (e.g., multiplication tables, correct spellings) or of household or school routines and responsibilities, despite frequent reminders

Decoding-Subtype APD

☐ Difficulty with phonics (sounding out words) approach to reading
☐ Confuses similar-sounding words; may learn words wrong
☐ Poor speller:
  ☐ Errors phonetically correct (e.g., "littul" for little)
  ☐ Errors seem random (wrong sounds, sounds or syllables are missing or added)
☐ Problems with speech clarity or articulation, or with grammar, now or in the past

Integration-Type APD

☐ Marked difficulty reading or writing efficiently, despite knowledge of phonics
☐ Needs to ask many extra questions to clarify a task before starting; doesn't see the "big picture"
☐ Interprets words too literally, becoming confused or suffering hurt feelings
☐ Poor communicator – fails to explain, apologize, negotiate, and/or defend
☐ Speaks or writes telegraphically – omits facts or switches topic such that the audience cannot follow

Prosodic-Type APD

☐ Absorbs details and facts, but missed the "big picture"; cannot prioritize or summarize information
☐ Insensitive to tone of voice; may misjudge a speaker's mood or be unintentionally tactless
☐ Problems with cause-and-effect reasoning; difficulty surmising the unspoken rules of conversation, play, and other situations

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Fisher's Auditory Problems Checklist

Patient Name: _____ District/Building _____

Date: _____ Grade: _____ Observer: _____ Position: _____

Please place a checkmark before each item that is considered to be a concern by the observer:

- ☐ 1. Has a history of hearing loss
- ☐ 2. Has a history of ear infections
- ☐ 3. Does not pay attention (listen) to instruction 50% or more of the time
- ☐ 4. Does not listen carefully to directions – often necessary to repeat instructions
- ☐ 5. Says "Huh?" and "What?" at least five times per day.
- ☐ 6. Cannot attend to auditory stimuli for more than a few seconds
- ☐ 7. Has a short attention span
  - ☐ 0 – 2 minutes ☐ 2 – 5 minutes ☐ 5 – 15 minutes ☐ 15 – 30 minutes
- ☐ 8. Daydreams – attention drifts – not with it at times
- ☐ 9. Is easily distracted by background sound(s)
- ☐ 10. Has difficulty with phonics
- ☐ 11. Experiences problems with sound discrimination
- ☐ 12. Forgets what is said in a few minutes
- ☐ 13. Does not remember simple routine things from day to day
- ☐ 14. Displays problems recalling what was heard last week, month, year
- ☐ 15. Has difficulty recalling a sequence that has been heard
- ☐ 16. Experiences difficulty following auditory directions
- ☐ 17. Frequently misunderstands what is said
- ☐ 18. Does not comprehend many words – verbal concepts for age/grade level
- ☐ 19. Learns poorly through the auditory channel
- ☐ 20. Has a language problem (morphology, syntax, vocabulary, phonology)
- ☐ 21. Has an articulation (phonology) problem
- ☐ 22. Cannot always relate what is heard to what is seen
- ☐ 23. Lacks motivation to learn
- ☐ 24. Displays slow or delayed response to verbal stimuli
- ☐ 25. Demonstrates below average performance in one or more academic area(s).

Scoring: Four percent credit for each numbered item not checked.

Number of items not checked: _____ x 4 = _____

Normative data-grade score from reverse side: _____