

903 Chestnut Street Emmaus, PA 18049 610-965-1093 610-965-1095 (fax) eastpennhearingcenter.com

## **Auditory Processing Disorder Case History**

Identifying Informatio	<u>n:</u>		Da	te:
Name:				
First		Middle	Last	
Address:		City	State	Zip
Phone Number ()		_ Cell()	Work(_	_)
Date of Birth:		Age:		
Referral Source:				
Primary Care Physician:				
Reason for Referral:				
Family Background:				
Father's Name:			Occupation:	
Mother's Name:		Age:	Occupation:	
Sibling's:				
	Name	Age		Sex
	Name	Age		Sex
	Name	Age		Sex
Statement of the Problem as		rstand it:		
When was the problem	first notice	42		
When was the problem Who noted the problem	initially?_	u:		
Is there a family history				
detail:				

Medical History:										
Child's current overall health:GoodFairPoor										
Birth History: Birth Location:										
Pregnancy and Delivery:NormalAbnormal  Comments:										
Newborn H	ear	ring	Scr	eenin	g	_Pass			_Follow-up	
Developmental History: (Please check all that apply)										
•					ormal	Delayed	Γ		Comments	
Developn	ner	ntal				-				
Milestone		rui								
Fine Mot	or S	Skill	S							
Gross Motor Skills										
Speech and										
Language Skills										
Neurode				al					that meet open the second	
Health His	tor	y: (	Ple	ase ch	eck al	that appl	y)			
		Rig	ght	Left	Both	Treatmen	it	Onset/Mos	st recent occurrence	
Hearing Lo	_									
Ear infection	n									
Ear Pain										
Ear Drainag										
Ear Pressur	re						_			
Dizziness								:		
When		nen		Hospital		Reason				
Head Trauma										
Hospitalization										
Surgery										
	Li	st:								
Allergies										

## Professional Diagnosis: (please check all that apply)

Attention Deficit Disorder (ADD)
Attention Deficit Hyperactivity Disorder (ADHD)
 Mental Retardation (MR)
Autism Spectrum Disorder (ASD)
Pervasive Developmental Disorder (PDD)
Asperger's Disorder
Pervasive Developmental Disorder Not Otherwise
Specified (PPD-NOS)
Learning Disability
 Non-verbal Learning Disorder
Oppositional Defiant Disorder (ODD)
 Tourette's Syndrome
Speech Deficit
Language Deficit
Visual Perceptual Disorder
Dyslexia
Stuttering
Reading Disorder
Auditory Processing Disorder (APD)
 Other (please list)

List professionals who diagnosed above disorder(s) and when diagnosis was made:							
Medication:	edication: Please li	st or provide a copy	of current list				
Medication name	Prescribing Physician	Dosage	Purpose				

Non-Prescription Medication: Please list or provide a copy of current list

Non-Prescription Medication	Dosage	Purpose

Academic History:			
School:			
Name	A	Address	
Current Grade:	Teacher	r's Name	
Classroom: Traditional	Open	Special Education	
Number of Students			
-	Maria da soki territa		
Preferred Hand:Right	Left		
Best Subjects:			
Description of behaviors/acade	emic difficulties as r	noted by the school:	
Support Services Received th check all that apply)	rough the school	or outside sources:	(please
theth an that apply)			
	Description of Se	ervice	How often
			are Services
IEP	100000000000000000000000000000000000000		Rendered
504 Plan			
Title 1			
Special Education			
Learning Support			
Resource Room			
Classroom Aide	NA THE STATE OF TH		
Therapeutic Support Services Aide (TSS)			
Assistive Listening Device (FM system)			
Speech Therapy			
Occupational Therapy		Manadamina Marian	
Other			71
Other			
Other			
<b>Additional Services Received</b>	- please explain:		

## Evaluations Completed: Please check all that apply

	Findings
Psychoeducational	
Receptive Speech and Language	
Expressive Speech and Language	
Cognitive Current IQ	
Neurodevelopmental	
Psychological	
Behavioral	
Vision	
Visual Perception	
Other	

## Academic Performance: Please check all areas or subjects that the patient has difficulty in school or at home:

-	Grapheme (handwriting skills
+	Visual perception- i.e. difficulty copying from the blackboard to his/her paper
t	Reading
†	Reading fluency- oral/silent
1	Reading comprehension
1	Phonemic awareness/sound blending- i.e. confusing words/sounding out words
1	Language arts
†	Math
1	Science/social studies
T	Poor attention in quiet
1	Following directions auditorily in quiet
	Following directions auditorily in noise
	Following written directions
	Organization of expressive/oral presentations
	Organization of written materials
	Organization of everyday materials
	Following simple routines - i.e. bedtime routine
	Utilizing auditory only stimuli
	Utilizing visual only stimuli
	Utilizing visual/auditory stimuli
-	Hyperactivity
	Over sensitivity to sound
	Confusion/lost focus in noisy environments
	Poor sleeper
	Behavioral issues

Continue on next page

	ide explicit/clear description			the					
difficulties checked on Page 5: Examples are provided below.  e. <u>Reading:</u> "He can read; however, he would read a sentence and need to <i>slowly</i> are not as a sentence and need to slowly are not as a sentence."									
									sound out each sound of the word in order to read the words" or
	.e. <b>Spelling:</b> "He spells phonetically. For instance, the sentence "tommy is a rough								
-	cat" is spelled "Tome is a ruf kat" or e.e. Reading Comprehension: " He reads fast and substitutes words with similar								
sounding wo	ounding words, so he is unable to comprehend what he is reading."								
•	tive: "His teacher indicated that	t he is often ta	apping his foot o	or pencil					
during class	lecture."								
•									
	ide any additional informatio o help this patient:	n that you fe	el may be relev	vant and					
Provide nan (including y	ne and address of person(s) wourself):  Street Address	city	d like this repo	ort sent to					
Name	Street Address	City	State	Zip					
Name	Street Address	City	State	Zip					
		a and a second a seco							
Name	Street Address	City	State	Zip					
Print Name of Person Completing this Report			Relationsh	ip to Patient					
Signature of P	erson Completing this Report		Date						