



Hearing Clinic  
Phone: (813) 974-8804  
Fax: (813) 905-9819  
Email: [hearingclinic@usf.edu](mailto:hearingclinic@usf.edu)

Thank you for choosing the USF Hearing Clinic. We would like to provide you with a few items to prepare for your upcoming visit with us.

Before your appointment

- Directions to the clinic are available in your new patient paperwork.
- Please have all new patient paperwork filled out and bring your driver's license, insurance card, and list of medications.
- If you are unable to complete the paperwork before the appointment, please arrive 30 minutes before your appointment.
- The red pass will be for your vehicle. You should park in a green RESERVED PSY/CSD spot and display the red parking pass on your dashboard. If you will be parking in the handicapped spaces, you will still need to display the red pass.

Your appointment is scheduled for:

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**If you are not able to make your appointment, please call 813-974-8804 to cancel.**

We look forward to seeing you soon!

3711 USF Laurel Drive Tampa FL 33620

## Infant Hearing Evaluations

On the morning of the appointment, please keep in mind that it is important that your baby be asleep during the appointment. It is best to wake your baby up early and keep him/her awake on your way to the appointment. Please wait to feed your baby until you arrive and are brought back to the testing area by the clinicians. Thank you!



## INFANT CASE HISTORY FORM FOR AUDIOLOGY

### IDENTIFYING AND BACKGROUND INFORMATION

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

Father: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parents' current status: Single  Married  Separated  Divorced  Widowed

Person completing questionnaire: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Reason you are bringing this child for the evaluation: \_\_\_\_\_

### PRENATAL AND BIRTH HISTORY

Were there any complications during your pregnancy or birth?  Yes  No. If "yes", explain: \_\_\_\_\_

List drugs/medication taken during pregnancy: \_\_\_\_\_

Birth weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz Premature birth (less than 37 weeks)?  Yes  No

Length of pregnancy: \_\_\_\_\_ Length of labor: \_\_\_\_\_ Delivery was by  caesarian  breech

Where was your baby born? \_\_\_\_\_

Check all that pertain to your baby:

- Family history of hearing loss: One or more blood relatives of the baby had permanent hearing loss in early childhood:  parent  grandparent  aunt  uncle  baby's first cousin  brother  sister  
Specify who: \_\_\_\_\_
- Mother had rubella (measles), cytomegalovirus (CMV), herpes, toxoplasmosis, or syphilis during pregnancy
- Baby required a blood transfusion shortly after birth due to hyperbilirubinemia
- Baby required mechanical ventilation (breathing machine) for 5 or more days after birth
- Baby was in NICU after birth and required ECMO (forced oxygen into tissues)
- Baby had an infection after birth such as meningitis, mumps, or measles

- Baby was hospitalized after birth and required IV antibiotics or chemotherapy
- Baby experienced head trauma (i.e., a serious fall causing a concussion or skull fracture)
- Baby has been diagnosed with a particular syndrome or disorder (i.e., Down's Syndrome, cleft palate)
- Baby has had or currently has an infection or fluid behind the eardrum
- Baby had Anoxia (blue color) after birth
- Baby was jaundiced (yellow color) after birth requiring treatment with lights or sunlight
- Baby had swallowing problems after birth       Baby had difficulty sucking after birth

**MEDICAL INFORMATION**

Name of child's physician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

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

Please list any medications that the child is currently taking: \_\_\_\_\_

Check if the child has ever had the following:

- Ear infection
- Ventilation tubes in the eardrum
- Excessive ear wax
- Seizures
- Ear pain
- Ringing in ears
- Meningitis
- Dizziness
- Head injury
- Allergies
- Migraines
- Asthma
- High fever
- Major medical problems (i.e., heart, lung, physical disabilities) Please explain: \_\_\_\_\_

Overnight stays and/or surgeries?  Yes  No. If "yes", list date and reason: \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

At what age did child do the following?    \_\_\_\_ Sit alone      \_\_\_\_ Crawl

Do you have any concerns with your child's development?  Yes  No. If "yes", explain \_\_\_\_\_

**SPEECH AND LANGUAGE DEVELOPMENT**

Which languages are spoken at home? \_\_\_\_\_

What is the child's primary language? \_\_\_\_\_

At what age did child do the following?

\_\_\_\_ Babble    \_\_\_\_ Imitate sounds

Are you concerned about your child's speech and language development?  Yes  No. If "yes", explain \_\_\_\_\_

**HEARING HISTORY**

Check all that apply:

- The baby startles to loud sounds (throws arms out)
- The baby is soothed by parent or caregiver voice

Are you concerned about your child's hearing?  Yes  No. If "yes", explain \_\_\_\_\_

**FAMILY HEARING HISTORY**

Do any family members of the child have a hearing loss:

Relationship to child	Age	Age problem began	Severity of hearing loss	Hearing aids (yes or no)

**Client/Patient Authorization regarding Research Studies, Mode of Communication and Educational Use of Recorded Sessions**

Client/Patient's Name: \_\_\_\_\_

**Participation in research projects:**

Clients/patients may be asked by researchers in the Department if they would be interested in participating in a research study pertaining to their condition. When contacted, clients will be given an opportunity to review information about the study in order to decide whether or not they wish to participate. **Participation in any research study is always optional and will not affect the clinical care delivered to the client. Clients/patients who do not wish to be contacted regarding opportunities to participate in research may opt out at any time by contacting the clinic or by checking the statement below.**

Initials \_\_\_\_\_

\_\_\_ Please do NOT contact me with opportunities to participate in research

**Electronic communication and transmission of service related information:**

Authorization is given to the Speech, Language, Hearing Center of the Department of Communication Sciences and Disorders, University of South Florida, 4202 E. Fowler Ave., Tampa, Florida 33620-8150, to communicate with me via **email, telephone (voice/text) and/or fax**, regarding therapy and/or assessment for the above named client. I acknowledge that the Speech, Language, Hearing Center of the Department of Communication Sciences and Disorders cannot be responsible for non-secured communication.

Initials \_\_\_\_\_

**Acknowledgement of the recording of sessions (audio and video):**

The University of South Florida Department of Communication Sciences and Disorders operates a clinical facility primarily for the training of future professionals in Speech-Language Pathology, Audiology, and Aural (Re)Habilitation. All clients/patients seen in the clinic for diagnostic and therapeutic services must agree to the recording of sessions. Recordings may be reviewed and used by faculty, staff and students as part of a client/patient's plan of care, as part of a research project and/or to facilitate instructional objectives for students enrolled in the program. Appropriate safeguards related to privacy and confidentiality will be utilized for the use and storage of such recordings and this specific authorization regarding the recordings is attached below and must be signed by each patient.

"I understand the above and hereby release to the University of South Florida Department of Communication Sciences and Disorders, the right to make audio and video recordings or to photograph said person in any and all phases of the educational or remedial process and to put the audio and video recordings or photographs to any legitimate educational or training uses. All recordings, photographs and their reproductions shall remain the property of the Department of Communication Sciences and Disorders of the University of South Florida. It is further agreed that in the event the Department of Communication Sciences and Disorders of the University of South Florida or its assigns shall become a party defendant to litigation by said persons as a result of the legitimate use of said audio and video recordings, photographs, and/or descriptive literature or sound tracks, (I/We) shall hold harmless and indemnify it or its assigns from any judgment which may be entered against it or its assigns."

Signature: \_\_\_\_\_

Client/Parent/Guardian

Date: \_\_\_\_\_



## USF HEARING CLINIC POLICIES

All services are provided under the supervision of licensed and certified audiologists.  
Policies relating to patient responsibilities are outlined below:

**Attendance:** Regular attendance is a critical component in assuring effective treatment. There are many more individuals needing services than our Clinic can accommodate. We ask that you inform the Clinic as soon as possible if you are unable to make your appointment as it may be possible to make-up or reschedule. Cancellations will require at least two hours prior notification. If an appointment is not canceled at least two hours prior to the scheduled time, it will be considered a no-show. If excessive cancellations occur, they will be dealt with on an individual basis and may result in termination of Hearing Clinic services.

**Promptness:** We try very hard to accommodate all patients and make every effort to be punctual for your appointment. Therefore, appointments cannot be extended in cases of late arrival. If you arrive more than 15 minutes late for your appointment, you may be asked to reschedule. We ask that everyone try to arrive 10 minutes before their scheduled appointment to allow time to obtain parking permits and fill out any necessary paperwork.

**Family Involvement:** We welcome and encourage family members to attend appointments. We do ask that small children be supervised at all times. We are not able to provide childcare during patient appointments. In accordance with USF policies parents/guardians of minors and caregivers must be on-site while the patient is in our facilities.

**Student Observation:** The Clinic is part of the clinical education program for students in the Department of Communication Sciences and Disorders at the University of South Florida. Graduate students work directly with patients under the supervision of Clinical Instructors at all times. Students are also required to periodically observe a variety of appointments as part of their learning experience. Students are aware of their ethical responsibilities regarding confidentiality of information.

**Video Recording:** Sessions are sometimes recorded as a means of assessing progress, evaluating the effectiveness of therapeutic approaches, or as a tool in therapy or teaching. Students periodically review and discuss recordings with their Clinical Instructor. Patient's consent to being recorded and confidentiality is assured. Recordings or other information NEVER leave the facility without your written consent.

**Release of Information:** A file is established for each patient containing reports and information regarding services. We often work cooperatively with other community professionals in coordinating services. To protect the confidentiality of patient records, we require your written permission before we communicate in any form with others about aspects of your care. Authorization to Send/Receive Information forms are available through the Clinic office and remain valid for one calendar year from date of signature.

**The University Clinic Setting:** The Clinic calendar coincides with that of the University. You will be notified well in advance of Clinic closures during University breaks and holidays. Also, student clinicians usually alternate from one semester to the next.

**Fees for Services:** Fees are charged for Clinic services. Our fees are competitive with those charged at other agencies in the community. A fee schedule is available in the Clinic Office. The hearing clinic also reserves the right to charge a nominal fee for patients that fail to cancel their appointments in a timely manner.

**Insurance:** The Clinic can often bill your insurance company when services provided by the Clinic are included in your health care policy. Please note that not all hearing services are covered by insurance. The Clinic can help determine if your policy provides these benefits.

**Payments:** Payment must be made at the time of service. Check with the Clinic Services Representative should you have questions. The Clinic accepts cash, checks, and credit cards.

I have read and understand the above information. \_\_\_\_\_  
Patient/Parent/Guardian Signature Date

## Directions to the USF CSD Hearing and Speech-Language Clinics

**\*\*Please do not use the mailing address: ~~4202 Fowler Ave.~~**

**Building Address: 3711 USF Laurel Dr, Tampa, FL 33612**

### From I-275 (Downtown Tampa or Airport Area)

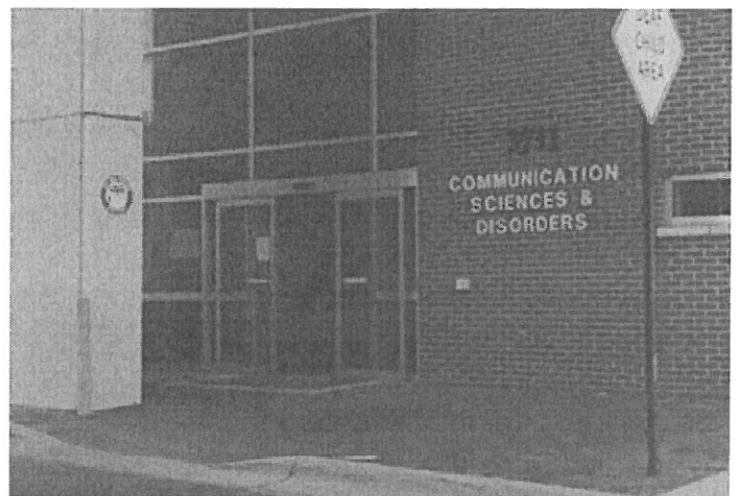
- Exit I-275 to Fletcher Avenue (exit 52)
- Drive east on Fletcher Avenue, past Bruce B. Downs Blvd. to Magnolia Drive
- Turn right on Magnolia Drive and drive south
- Turn left at 2nd traffic light onto Citrus Drive - opposite Moffitt Cancer Center
- Turn right at the traffic circle onto Laurel Drive-building is on the right side look for the sign for 3711 CSD. Parking Directions are on next page.

### From I-75 (from Areas North, South, or East of Tampa)

- Take Fletcher Avenue (exit 266) and drive west to Magnolia Drive
- Turn left on Magnolia Drive (at light) and drive south
- Turn left at 2nd traffic light, Citrus Drive - opposite Moffitt Cancer Center
- Turn right at the traffic circle onto Laurel Drive-building is on the right side look for the sign for 3711 CSD. Parking Directions are on next page.

### Fowler Avenue Entrance

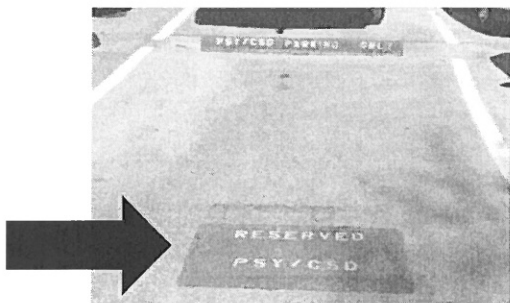
- Turn onto Leroy Collins Blvd. into USF campus main entrance
- Turn left at 1st stop light onto Alumni Drive
- Turn right onto Magnolia Drive
- Turn right onto Citrus Drive - opposite Moffitt Cancer Center
- Turn right at the traffic circle onto Laurel Drive-building is on the right side look for the sign for 3711 CSD. Parking Directions are on next page.



# Parking at USF CSD Hearing and Speech-Language Clinics

Please park in the reserved spots marked PSY/CSD in Lots 9A or 46.

*Please display RED clinic parking pass on dashboard.*



## Lot 9A

- Lot 9A is located past the building on the Left (assigned reserved parking spaces are closest to the Psychology Building). When you exit your car, you will want to head back to the CSD Building which will be on your left.

## Lot 46

- Additional parking is available in lot 46, which is located past the building and playground on the Right. Once you enter the parking lot stay to the right, closest to the playground and continue to keep right. This parking lot has several sections (assigned reserved parking spaces are located at the farthest end from where you entered, back towards Citrus Drive.) When you exit your car, please enter the CSD building from the closest doors and walk down the hallway past the bathrooms and towards the sliding doors.

*The Hearing Clinic is located on the first floor of the Communication Sciences & Disorders Building and The Speech Clinic is located on the second floor.*



Red arrows indicate where reserved spots are located in each parking lot

FIND YOURSELF LOST ON CAMPUS?  
Call USF Visitor Services! 813-974-4607