South Australia SPEECH AND HEARING Centre Pty Ltd

Hearing You **LOUD** *and* ***CLEAR***

APD ADULT QUESTIONNAIRE

Background Details

First Name *

Last Name *

Date of Birth *

Gender *

- Male
- Female
- Other

Mobile Phone Number *

Email Address *

Address *

Street address

Suburb

State

Please select

Postcode

GP's Name

GP Practice Name

Medicare

Medicare Number (with reference number)

Medicare Expiry Date

Clinical Concerns

What is the main reason for your appointment at SASHC?

When did the problem first develop?

Has your hearing been tested before?

- Yes
- No
- Unsure

If yes, when was your hearing last tested?

What was the outcome of your last hearing assessment? (bring report/letter if possible)

Is there a family history of hearing loss/ear related issues?

- Yes
- No
- Unsure

If yes, who was impacted in your family?

Have you ever had surgery on or around your ear(s)?

- Yes
- No
- Unsure

If yes, please state when and what the surgery was for

Do you ever experience tinnitus/ringing in your ear(s)?

- Yes
- No
- Unsure

If yes, which ear?

- Right Ear
- Left Ear
- Both Ears
- Unsure

Do you ever experience vertigo/dizziness?

- Yes
- No
- Unsure

If yes, how often and how long do these episodes last?

Do you experience a sense of fullness/blocked feeling in your ear(s)?

- Yes
- No
- Unsure

If yes, which ear?

- Right Ear
- Left Ear
- Both Ears
- Unsure

Do you have a history of noise exposure?

- Yes
- No
- Unsure

If yes, when and why were you exposed to noise?

Medical History

Do you have any diagnosed medical conditions?

- Yes
- No
- Unsure

If yes, please list

Have you needed to be on medications for long periods of time?

- Yes
- No
- Unsure

If yes, please list

Please comment on your overall health at present

Listening

Are you easily distracted by noise e.g. television, people talking?

- ○ Yes
- ○ No
- ○ Unsure

Please describe

Do you have difficulty paying attention?

- ○ Yes
- ○ No
- ○ Unsure

If yes, please describe

Do you avoid listening/talking activities?

- ○ Yes
- ○ No
- ○ Unsure

Please describe

Are you able to communicate better in some situations?

- ○ Yes
- ○ No
- ○ Unsure

If yes, please describe situations you find easier to communicate

Do you experience any of the following

Difficulty following spoken instruction/directions

○ Yes ○ No ○ Unsure

Often having to request directions/instructions be repeated

○ Yes ○ No ○ Unsure

Confusing similar sounding words e.g. ship vs sheep

○ Yes ○ No ○ Unsure

Understanding better when spoken to 1:1

○ Yes ○ No ○ Unsure

Unable to follow a storyline when verbally told

○ Yes ○ No ○ Unsure

Feeling very tired after engaging socially

○ Yes ○ No ○ Unsure

Please comment on your overall listening skills

Memory

Do you feel you are forgetful?

- ○ Yes
- ○ No
- ○ Unsure

Please comment

Do you remember better if you are shown rather than told what to do?

- Yes
- No
- Unsure

Please comment

Do you tend to write notes down when given instructions?

- Yes
- No

Please comment

Please comment on your overall auditory memory (ability to recall things heard rather than seen)

General

What concerns you most about your difficulties?

How long do you think you have struggled with your difficulties?

Please list any other concerns you may have regarding your difficulties that may not have been covered by this questionnaire

Referrer Details

Who referred you to SASHC?

If not referred, how did you hear about SASHC?

- Doctor/Specialist
- Friend
- Google
- Other

If other, please comment

Collection Statement

Allied Health Services

SASHC is required to collect and record personal information about you /your child in order to provide quality allied health services. This may include assessing, diagnosing and providing therapy. This information is relevant to your/your child's situation, such as your/your child's name, contact information, medical history and other relevant information as part of providing services to you. This collection of personal information will be a necessary part of the assessment and/or treatment that is conducted.

Purpose of Collecting and Holding Information

All personal information gathered as part of your/your child's assessment and treatment, is kept securely. In the interest of your/your child's privacy this information is only used by your/your child's therapist/s and authorised SASHC staff . Your personal information is retained for record keeping purposes and enables your/your child's therapist to provide a relevant and informed service to you/your child. A more detailed description is provided in the SASHC"Privacy Policy". This policy is available to you on request.

Access to client information

At any stage you are entitled to access your/your child's personal information kept on file, subject to exceptions in the relevant legislation. SASHC will discuss with you your different possible forms of access.

Disclosure of personal information

All personal information gathered by SASHC during the provision of allied health services will remain confidential, however, please note that by signing and acknowledging this document, you accept that information will be shared with other allied health professionals involved in your/your child's care.

Please notify us if you do not wish us to disclose this information or if a child protection/court order is in place.

Audio/Video Recording

As a therapeutic clinic, we often make recordings of sessions and assessments for both analysis and planning. We may also utilise some of these recordings for teaching purposes. Your recordings will be kept secure and will not be shown to individuals not associated with our practice/clinic.

On behalf of SASHC, we undertake that, in respect of any audio/video recordings made, every effort will be made to ensure professional confidentiality and that any use of these audio/video recordings, or descriptions of audio/video recordings will be for professional use only and in the interest of improving professional standards through research and training programmes. Every effort will be made to ensure the anonymity of all those involved in the session.

Do you agree with the audio/visual statement above? *

- ○ Yes
- ○ No

Cancellations

Self-funded appointments

A cancellation fee of $193.99 is payable upon any appointment cancelled within 48 working hours of the scheduled appointment. We will make every effort to send out reminders for upcoming appointments, however it is your responsibility to inform us if you cannot make these appointments.

No shows will be charged 100% of the appointment cost.

NDIS appointments

We understand that at times appointments will need to be cancelled due to illness and unavoidable circumstances. However, in order to provide an affordable and viable service, SASHC has adopted the following cancellation policy in line with NDIS policy.

We will send out reminders for all scheduled appointments, however, no shows and appointments cancelled within the short notice period (defined by the NDIS as less than 2 clear business days) from the scheduled time will incur a fee of 100% of the agreed fee associated with the activity from the Participant's plan.

Late attendance

We make every effort to send out appointment reminders, and we ask that you respect our clinicians time. Arriving late not only impacts your appointment but also those of other patients scheduled throughout the day. Consequently, we are unable to complete full assessments for late arrivals. Therefore, patients who arrive 10 minutes or more past their scheduled appointment time will not be seen and a full appointment fee will be charged.

Fees and Rebates

Fees Payable

Fees Payable

- If you are a Medicare client, you are required to pay the fee in full on the day of the appointment. Your rebate will be processed through MEDICARE and will be deposited into your nominated bank account within 24 hours of service if you are registered with MEDICARE for rebates.
- All private health rebates will be made through HICAPS on the day of the appointment.
- If you are an NDIS participant and the NDIA does not pay any account associated with the service provided you will be legally responsible to pay SASHC for the unpaid accounts.
- Reports of any type will not be released without prior payment.

Consent

I (please print name) *

have read, understood and agree to the above conditions, and as the authorised person, agree to the provision of services by SASHC.

Signature *

Date *