DIVERSIFIED
Hearing & Balance Centers

Central Auditory Processing Questionnaire

Name: _____ Birth date: _____ Age: _____

Primary Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Phone: (_____) _____

Primary Care Physician: _____ Phone: (_____) _____

Reason for Referral: ☐ Direct MD referral ☐ Family Request ☐ School Request

1. Do you have any concerns for your child's hearing? ☐ Yes ☐ No
2. Has your child had a lot of ear infections? ☐ Yes ☐ No
   If yes what was the treatment? _____
3. What problems are being noticed at home? _____
4. What problems are being noticed at school? _____
5. Is there any history of learning disabilities within the family? ☐ Yes ☐ No _____
6. What subjects is your child having difficulties with? _____
7. Does your child often require that information be repeated? ☐ Yes ☐ No _____
8. Does your child delay when responding to others? ☐ Yes ☐ No
9. Does your child have difficulty remembering things? ☐ Yes ☐ No
10. Is your child unorganized? ☐ Yes ☐ No
11. Does your child have trouble following directions? ☐ Yes ☐ No
12. Are there any articulation errors that are evident? ☐ Yes ☐ No
13. Does your child have difficulty expressing him/herself? ☐ Yes ☐ No
14. Does your child have poor handwriting? ☐ Yes ☐ No
15. Does your child have a poor attention span? ☐ Yes ☐ No
16. What accommodations are being made in the school system? _____
    _____
17. Is your child currently receiving special services? ☐ Yes ☐ No
    If yes, please explain: _____

Notes: _____

_____

_____

I the undersigned, have been informed that my insurance carrier(s) will be billed for services rendered when applicable, but I retain responsibility for payment.

X: _____ Date: _____

2900 Delaware Avenue
Kenmore, NY 14217

2721 Transit Road
Town of Elma, NY 14059

17 Limestone Drive, Suite 5
Williamsville, NY 14221

900 Center Street
Lower Lewiston, NY 14094

4855 Camp Road, Suite 400
Hamburg, NY 14075

6930 Williams Road, Suite 3200
Niagara Falls, NY 14304

450 North Main Street, Suite 1
Warsaw, NY 14569

Westfield Memorial Hospital
189 East Main St
Westfield, NY 14787

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