

**STONY BROOK UNIVERSITY MEDICAL CENTER**  
**AUDITORY PROCESSING CASE HISTORY FORM**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ (C): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

**A REPORT WILL BE SENT TO THE REFERRING PHYSICIAN AND HOME.**

OTHER FACILITIES NEEDING RESULTS (must include an address and/or fax number):

\_\_\_\_\_

1. Occupation: \_\_\_\_\_

2. Primary Language: \_\_\_\_\_

3. What type of difficulties have you been experiencing? \_\_\_\_\_

\_\_\_\_\_

4. When did these difficulties begin? \_\_\_\_\_

5. Have you been evaluated for APD in the past? If so, when & what were the findings:

\_\_\_\_\_

6. Have you received any other professional evaluations? (i.e. speech pathologist, neurologist, psychologist, etc) \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been diagnosed with ADD or ADHD? \_\_\_\_\_

If YES: When was diagnosis given?: \_\_\_\_\_ Is medication prescribed? \_\_\_\_\_

8. Do you have a documented hearing loss? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

9. Do you have any of the following difficulties?

Difficulty hearing in background noise	YES _____	NO _____	SOMETIMES _____
Are you easily distracted?	YES _____	NO _____	SOMETIMES _____
Do you often need information repeated?	YES _____	NO _____	SOMETIMES _____
Difficulty remembering long instructions	YES _____	NO _____	SOMETIMES _____
Difficulty following conversations	YES _____	NO _____	SOMETIMES _____
Difficulty with rapid speech	YES _____	NO _____	SOMETIMES _____
Need more time to process information	YES _____	NO _____	SOMETIMES _____
Confuse similar sounding words	YES _____	NO _____	SOMETIMES _____
Poor Memorization skills	YES _____	NO _____	SOMETIMES _____
Difficulty taking notes	YES _____	NO _____	SOMETIMES _____
Spelling, reading, writing issues	YES _____	NO _____	SOMETIMES _____
Talk or like TV louder than others	YES _____	NO _____	SOMETIMES _____

**AUDIOLOGIST COMMENTS** (FOR OFFICE USE ONLY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Audiologist Signature \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_