



Resurrection Medical Center Audiology Clinic

Chicago, Illinois Phone: 773-792-5258 Fax: 773-990-7788

## Outer or Middle Ear Problems

If your child has an outer or middle ear problem, please think about doing these things:

- 1. Call your child's physician to ask for advise.
- 2. Get your child's attention before talking.
- 3. Talk louder than usual until the problem is fixed. Do not yell.
- 4. Use more gestures than usual when talking.
- Talk closer to your child's ears.
- 6. Ask the physician how to lower pain if there is any.

## DO NOT

- use ear candling. It can be very dangerous.
   use medicines not prescribed for your child.
   use q-tips, hair pins, pencil tips, or other items to remove earwax.
- 4. Punish your child for not hearing you.

Reading Ease 80.8

Reading Grade Level

3.7



## Resurrection Medical Center www.reshealth.org

Audiology Department 773-792-5258 773-990-7788 (fax)

## Hearing Test Follow-Up Form

		My child's birth date is and you asked me to send this back to you.			
100 100101	Thy onlid on		u you aonou me	to solid this back to ye	Ju.
☐ My Chi	d was seen by Dr(ph		or	n	
		ysician's name)		(date)	
	nysician:				
	took out the earwax.				
	Placed my child on for		medical	tion for	day
	Recommended more testing/proc	edures, please	e list:		
	Wrote an order for more hearing	services, pleas	e list:		
	Other comments:				
	valuation(s) my child will be received				
	A speech/language evaluation on	(date)	(1	ocation's name)	
		(date)	(1	ocation's name)	
0	A speech/language evaluation on A physical/occupational therapy e	(date) evaluation on_	(date) at	(location's name)	
0	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on	(date) evaluation on (date)	(date) at	(location's name) (location's name)	
0	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on _  Other:	(date) evaluation on (date)	(date) at	(location's name) (location's name)	
0	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on _  Other: that apply:	(date) evaluation on (date)	(date) atat	ocation's name) (location's name)	
0	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on _  Other: that apply: My child will need to see you aga	(date) evaluation on  (date)  in for more hea	(date) atat	ocation's name) (location's name)	
Check all	A speech/language evaluation on A physical/occupational therapy e (Crote the correct therapy) A developmental evaluation on  Other: that apply: My child will need to see you aga 773-792-6258 to make an appoint	(date) evaluation on (date) in for more heatment.	(date) atat	ocation's name) (location's name)	
Check all	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on  Other that apply: My child will need to see you aga 773-792-5258 to make an appoint The physician's order is enclose	(date) evaluation on  (date)  (date)	(date) atatat	ocation's name) (location's name)	
Check all	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on  Other: that apply: My child will need to see you aga 773-792-5258 to make an appoint The physician's order is enclos The physician will fax you an o	(date) evaluation on_  (date)  in for more heatment. eed. rder at 773-99	(date) at at at aring testing. I v	(location's name)  (location's name)  (location's name)  vill call your office at	
Check all	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on _  Other: that apply: My child will need to see you aga 773-792-5258 to make an appoint The physician's order is enclos The physician will fax you an o Child and Family Connection/D	(date)  (date)  (date)  in for more heatment.  ied.  rder at 773-99 SCC will fax a	(date) at at at aring testing. I v	(location's name)  (location's name)  (location's name)  vill call your office at	
Check all	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on  Other: that apply: My child will need to see you aga 773-792-5258 to make an appoint The physician's order is enclos The physician will fax you an o Child and Family Connection/D We will not need to see you aga	(date) valuation on_  (date)  in for more heatment. ed. rder at 773-99 SCC will fax a	(date) atatatatat	(location's name) (location's name) (location's name) vill call your office at at 773-990-7788.	
Check all	A speech/language evaluation on A physical/occupational therapy e (Circle the correct therapy) A developmental evaluation on _  Other: that apply: My child will need to see you aga 773-792-5258 to make an appoint The physician's order is enclos The physician will fax you an o Child and Family Connection/D	(date)  valuation on_  (date)  in for more heatment.  ed.  rder at 773-99  SCC will fax a ain.	(date) atatatatataring testing. I varing testing aring testing are aring testing aring aring testing aring aring testing are arranged arranged are arrang	(location's name) (location's name) (location's name) vill call your office at at 773-990-7788.	

Reading Grade Level

7.8

Reading Ease

55.2