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 advice.
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.
5. Talk closer to your child’s ears.
6. Ask the physician how to lower pain if there is any.

DO NOT
1. Use ear candling. It can be very dangerous.
2. Use medicines not prescribed for your child.
3. Use q-tips, hair pins, pencil tips, or other items to remove earwax.
4. Punish your child for not hearing you.
Hearing Test Follow-Up Form

My child’s name is __________________________. My child’s birth date is __________________________.
You tested my child on __________________________ and you asked me to send this back to you.

☐ My child was seen by Dr. __________________________ on __________________________ (physician’s name) (date)

- The physician:
  - took out the aperax.
  - Placed my child on __________________________ medication for __________________________ days for __________.
  - Recommended more testing/procedures, please list: __________________________
  - Wrote an order for more hearing services, please list: __________________________
  - Other comments: __________________________

☐ I spoke to my child’s physician regarding the hearing test and the physician recommended __________________________

☐ Other evaluation(s) my child will be receiving include:
  - A speech/language evaluation on __________________________ at __________________________ (check the correct therapy) __________________________ (location’s name).
  - A physical/occupational therapy evaluation on __________________________ at __________________________ (location’s name).
  - A developmental evaluation on __________________________ at __________________________ (location’s name).
  - Other: __________________________

Check all that apply:
☐ My child will need to see you again for more hearing testing. I will call your office at 773-792-8258 to make an appointment.
☐ The physician’s order is enclosed.
☐ The physician will fax you an order at 773-990-7788.
☐ Child and Family Connection/DBC will fax an order to you at 773-990-7788.
☐ We will not need to see you again.

Additional Comments: __________________________

Parent Signature __________________________ Date: __________________________