



Line



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.
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.

Reading Ease
80.8

Reading Grade Level
3.7

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 earwax.
- 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 is/are:

- A speech/language evaluation on _____ at _____
(date) (location's name)
- A physical/occupational therapy evaluation on _____ at _____
(Circle the correct therapy) (date) (location's name)
- A developmental evaluation on _____ at _____
(date) (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 **773-792-5258** 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/DSCC will fax an order to you at 773-990-7788.**
- We will not need to see you again.**

Additional Comments: _____

Parent Signature: _____ Date: _____

Reading Ease
55.2

Reading Grade Level
7.8