



IDENTIFYING INFORMATION

Child's Name: _____ Medical Record #: _____
 Date of Birth/Age: _____ Date of Evaluation: _____
 Mother's Name: _____ Mother's Occupation: _____
 Father's Name: _____ Father's Occupation: _____
 Siblings/Ages: _____

 Languages Spoken At Home: _____
 Family Physician: _____ Physician Location: _____

SCHOOL INFORMATION

School: _____
 Grade: _____ Teacher: _____
 Class Performance: _____
 Services Received: _____
 Concerns At School: _____

REFERRAL SOURCE

Who referred you to us? _____
 Telephone #: _____
 Reason: _____

WHAT ARE YOUR CONCERNS ABOUT YOUR CHILD'S VOICE?

LAST HEARING TEST

Date: _____ Location: _____
 Results: _____

PEDIATRIC INTAKE FORM

1 = none/not a problem (10)
 2 = a small amount (7.5)
 3 = a moderate amount (5)
 4 = a lot (2.5)
 5 = problem is "as bad as it can be" (0)
 6 = not applicable

Pediatric Voice-Related Quality of Life Survey (PV-RQOL)

| | | | | | | |
|---|---|---|---|---|---|---|
| My child: | | | | | | |
| has trouble speaking loudly or being heard in noisy situations. | 1 | 2 | 3 | 4 | 5 | 6 |
| runs out of air and needs to take frequent breaths when talking. | 1 | 2 | 3 | 4 | 5 | 6 |
| sometimes does not know what will come out when s/he begins speaking. | 1 | 2 | 3 | 4 | 5 | 6 |
| is sometimes anxious or frustrated (because of his/her voice). | 1 | 2 | 3 | 4 | 5 | 6 |
| sometimes gets depressed (because of his/her voice). | 1 | 2 | 3 | 4 | 5 | 6 |
| has trouble using the telephone or speaking with friends in person. | 1 | 2 | 3 | 4 | 5 | 6 |
| has trouble doing schoolwork (because of his/her voice). | 1 | 2 | 3 | 4 | 5 | 6 |
| avoids going out socially (because of his/her voice). | 1 | 2 | 3 | 4 | 5 | 6 |
| has to repeat him/herself to be understood. | 1 | 2 | 3 | 4 | 5 | 6 |
| has become less outgoing (because of his/her voice) | 1 | 2 | 3 | 4 | 5 | 6 |

For clinician use: Total: _____ / 100

0 = Never 1 = Almost Never
 2 = Sometimes 3 = Almost Always
 4 = Always

Pediatric Voice Handicap Index (pVHI)

| | | | | | |
|--|---|---|---|---|---|
| F1. My child's voice makes it difficult to hear him/her. | 0 | 1 | 2 | 3 | 4 |
| F2. People have difficulty understanding my child in a noisy room. | 0 | 1 | 2 | 3 | 4 |
| F3. At home, we have difficulty hearing my child when s/he calls through the house. | 0 | 1 | 2 | 3 | 4 |
| F4. My child tends to avoid communicating because of his/her voice. | 0 | 1 | 2 | 3 | 4 |
| F5. My child speaks with friends, neighbors, or relatives less often because of his/her voice. | 0 | 1 | 2 | 3 | 4 |
| F6. People ask my child to repeat him/herself when speaking face-to-face. | 0 | 1 | 2 | 3 | 4 |
| F7. My child's voice difficulties restrict personal, educational and social activities. | 0 | 1 | 2 | 3 | 4 |
| P8. My child runs out of air when talking. | 0 | 1 | 2 | 3 | 4 |
| P9. The sound of my child's voice changed throughout the day. | 0 | 1 | 2 | 3 | 4 |
| P10. People ask, "What's wrong with your child's voice?" | 0 | 1 | 2 | 3 | 4 |
| P11. My child's voice sounds dry, raspy, and/or hoarse. | 0 | 1 | 2 | 3 | 4 |
| P12. The quality of my child's voice is unpredictable. | 0 | 1 | 2 | 3 | 4 |
| P13. My child uses a great deal of effort to speak (e.g. straining) | 0 | 1 | 2 | 3 | 4 |
| P14. My child's voice is worse in the evening. | 0 | 1 | 2 | 3 | 4 |
| P15. My child's voice "gives out" while speaking. | 0 | 1 | 2 | 3 | 4 |
| P16. My child has to yell in order for others to hear him/her. | 0 | 1 | 2 | 3 | 4 |
| E17. My child appears tense when talking to others because of his or her voice. | 0 | 1 | 2 | 3 | 4 |
| E18. People seem irritated with my child's voice. | 0 | 1 | 2 | 3 | 4 |
| E19. I find that other people don't understand my child's voice problem. | 0 | 1 | 2 | 3 | 4 |
| E20. My child is frustrated by his/her voice problem. | 0 | 1 | 2 | 3 | 4 |
| E21. My child is less outgoing because of his/her voice problem. | 0 | 1 | 2 | 3 | 4 |
| E22. My child is annoyed when people ask him/her to repeat. | 0 | 1 | 2 | 3 | 4 |
| E23. My child is embarrassed when people ask him/her to repeat. | 0 | 1 | 2 | 3 | 4 |

For clinician use: Total: _____ / 92

| Does your child engage in these behaviors? | Rarely | Sometimes | Constantly |
|--|--------|-----------|------------|
| Screaming/yelling (in anger) | | | |
| Yelling/cheering (sports, games, play) | | | |
| Talking loudly | | | |
| Talking over noise | | | |
| Aggressive crying/tantrums | | | |
| Coughing | | | |
| Throat clearing | | | |
| Singing | | | |
| Talking on the phone | | | |
| Making noises during play (animals/cars) | | | |

For clinician use:

| | | | | |
|----------|---|---|---|---|
| G | 0 | 1 | 2 | 3 |
| R | 0 | 1 | 2 | 3 |
| B | 0 | 1 | 2 | 3 |
| A | 0 | 1 | 2 | 3 |
| S | 0 | 1 | 2 | 3 |

Total: _____ Severity: _____

Reviewed by:

_____ Date



Financial Policy

Welcome to the Department of Otolaryngology-Head & Neck Surgery.

The following is a statement of our financial policy. We hope this gives you a better understanding of how our billing works.

Financial Policy

Patients have many different types of insurance and payment options for services rendered. Also, not all physicians in the practice accept the same type of insurance. The three most common scenarios are outlined below. Please read the following and if you have any question or concerns please call the office of the physician you are seeing.

Participating Plans

In this scenario the physician you will see participates with your insurance plan. It is your responsibility to ensure your physician is in fact currently a provider in that plan. At the time of service you will be responsible for all co-payments and co-insurances as outlined by your plan coverage. We will collect your co-insurances and deductibles in advance if you are having a procedure in the office or hospital. The Medical College will then forward a bill to your insurance carrier who will confirm if any additional payments are due from you. You will receive written notification of such decision and may ultimately be responsible for such payments as determined by your insurance company. If your plan requires a referral, please present the referral at the time you check-in. If you do not have a referral you may have to reschedule your appointment.

Non-Participating Plans

In this scenario the physician you will see does not participate in you insurance plan. Payment of services is due at the time of the visit. We can submit the claim directly to your carrier or a claim can be mailed directly to you.

Medicare

For any of our providers that participate with Medicare, we will bill Medicare directly for your service and Medicare will send payment directly to the physician. You will be responsible for any deductible or co-insurance. If your physician does not participate with Medicare you will be responsible for payment at the time of service, and your claim will then be forwarded to Medicare and they will reimburse you directly.

Usual and Customary Rates

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment

Cash, Check, MasterCard, Visa, Discover and American Express card are recognized forms of payment.

We hope this information is helpful; Again, if you have any questions or concerns, please contact your physician's office.

Signature of Patient or Responsible Party

Date