OUR LADY OF THE LAKE UNIVERSITY

Harry Jersig Center 411 S.W. 24th Street San Antonio, TX 78207 Phone: (210) 431-3938 Fax: (210) 434-9360

Thank you for contacting the Harry Jersig Center regarding speech/language services. Enclosed are the following forms:

Case History.

Since information about your medical, social, and education history helps us select appropriate tests to administer, we ask that you complete the enclosed case history form and return it to us in the enclosed postage paid reply envelope, before you are given an appointment.

Authorization for Release and/or Use of Clinical Material.

Please sign and return the enclosed release form if you wish us to request information from doctors or if you wish us to send a copy of the final diagnostic report to anyone.

Fees for Services.

We charge for our services as indicated on the fee schedule included in this packet. Unless other arrangements have been made, full payment is due at the time of the diagnostic evaluation. Therapy and educational services are paid at the time of service unless other payment arrangements have been made.

Speech-language and audiological evaluations will generally be covered by your medical insurance. Therapy and educational services may or may not be covered. We will be happy to courtesy file with your insurance company. We will provide an itemized statement of services at your request.

Student Involvement.

As part of the Communication Disorders Program at Our Lady of the Lake University, the Harry Jersig Center is a training facility for university students studying to be speech pathologist. Therefore, most of our services are provided by university students under the supervision of state licensed and nationally certified professional staff. We operate on a university calendar, and services are provided on a semester basis, i.e. Fall (Sept-Dec), Spring (Jan-May), Summer (Jun-Jul).

Admissions Process.

After completing this packet for evaluations or treatment, please follow the procedures listed below:

1. Bring or mail the completed packet to the Harry Jersig Center at Our Lady of the Lake University.
2. Call or come in to set up an appointment and to verify payment arrangements.

Please note that admission is dependent on availability of appointment times.

We hope this information will be of use to you, and that you feel free to call us if you have any further questions.

Sincerely,

Rosa Lydia Martinez, M.S., CCC-SLP
Harry Jersig Center, Clinic Director

Our Lady of the Lake University
Harry Jersig Center
Communication Disorders Department

CHILD CASE HISTORY FORM

Please fill out this form as completely as possible, especially the items marked with an asterisk. If you need more space, attach another page, or write on the back. Call 431-3938 if you have additional questions regarding these forms.

Date:_____

*Child's name: _____Social Security #:_____Gender: F M

*Parents or Guardians:_____

* Birthdate: _____*Age: _____ Home Ph:_____ Cell:_____ Work:_____

Best time to call: _____Email: _____

Address: _____

City: _____State: _____Zip: _____

Spouse or responsible party:_____ Age: _____

*Reason for referral:_____ Referring person: _____

Which of the following services are you requesting?

DIAGNOSTIC SERVICES	Please check services that apply	TREATMENT SERVICES	Please check services that apply
SPEECH-LANGUAGE EVALUATION		**Speech-Language Therapy**	
HEARING EVALUATION		**Individual therapy**	
HEARING AID EVALUATION		**Early intervention group**	
SWALLOWING EVALUATION		**Aural rehabilitation**	
VOICE EVALUATION		**Other:**	

***How will you pay for services**?_____Insurance Co.?_____

Please include copy of insurance card with this case history form.

Please provide doctor's written referral if needed.

What are your expectations from this appointment?

_____speech-language developmental level

_____recommendations for things I can do at home

_____enrollment in therapy or classes

_____other (explain)_____

How did you become aware of the Harry Jersig Center?

_____teacher _____Our Kids Magazine _____television

_____pediatrician _____friend _____internet

_____ENT _____yellow pages _____Express-News

_____neurologist _____Today's Catholic _____Other (specify) _____

_____speech-language pathologist

History of Problem

*Describe present problem:_____

_____

_____

Who noted present problem?_____When?_____

*What is your child's reaction to the problem?_____

_____

*How does the family react to the problem?_____

_____

Has there been any significant change in the last six months?_____If so, what?_____

_____

*How well is your child understood by: (i.e., what percentage of the time)

Mom:_____Dad:_____Younger siblings:_____Older siblings:_____

Other children:_____Extended family:_____Unfamiliar adults:_____

*Describe what it is like to have a conversation with your child:_____

_____

_____

_____

*Any previous assessments? Y N Where?_____By whom?_____

*What kind?_____

*What were the results?_____

*Which tests were given?_____

*Any previous therapy? Y N Where?_____With whom?_____

Health History

Birth History

What was the length of the pregnancy?_____

*Were there any illnesses or accidents during pregnancy? (explain)_____

*Were drugs or alcohol used during pregnancy? (aspirins and/or other medication) Y N If so, what?_____

_____

What was the length of labor?_____*Any difficulties at birth, including Caesarian? (describe):_____

_____

Were drugs used?_____Instruments?_____Bruises to head?_____

What was mother's age:_____Mother's health at time of pregnancy and birth was:_____

What was the final Apgar score?_____Any jaundice? Y N cyanosis? Y N Rh incompatibility factors? Y N

Medical History

*Do you know of any difficulties during pregnancy, labor, or delivery? _____

_____

What was your mother's age:_____ and health: _____at your birth?

Did you have any of the following at birth: Jaundice? Y N Cyanosis? Y N Rh incompatability factors? Y N

Medical History

*Please check if your child has had any of the following (and if so, at what age):

___ Seizures	___ High Fevers	___ Measles	___ Mumps
___ Chicken pox	___ Whooping cough	___ Diphtheria	___ Bronchitis
___ Pneumonia	___ Tonsillitis	___ Meningitis	___ Encephalitis
___ Rheumatic fever	___ Tuberculosis	___ Sinusitis	___ Chronic colds
___ Enlarged glands	___ Thyroid	___ Asthma	___ Heart trouble
___ Chronic Laryngitis	___ Diabetes	___ Head injuries	

Please explain any checked items here: _____

_____

Are immunizations current? _____Current general health? _____

**Has your child had any earaches/ear infections? Y N Please explain here:_____

_____

Allergies? (Describe) _____

Any other serious or recurrent illnesses?_____ When? _____

Any operations? _____When? _____

Any accidents? _____When? _____

Any medications? (Past)_____ (Current) _____

*Hearing difficulties?_____Treatment:_____

Vision problems? _____ Treatment:_____

Dental Problems?_____ Treatment:_____

Other Medical History:_____

_____

_____

If you child has had chronic ear infections and/or had tubes placed in his or her ears, please attach or have a statement sent from your doctor regarding dates and results of treatment.

Personal Medical information

Personal Primary Physician:_____ Date of last visit:_____

Address or Location: _____

Ongoing Medical Care (Describe):_____

Physician's Name:_____City:_____

Current Medications Dosage: Physician Location

_____

_____

Chronic Health Problems (Asthma, Congenital Defects, etc.):_____

Handicaps (Describe, if any): _____

Developmental History

Age when child: (If you can't remember specific time, please indicate if it occurred at the expected time or was delayed)

sat up alone_____crawled_____walked_____toilet trained_____dressed self_____

tied shoes_____fed self independently_____Is the child left or right handed?_____

Attention span-for self-directed activities:_____

Eating and sleeping patterns_____

Does your child respond to: Light?_____Sound?_____People?_____

Does you child: Play with others?_____Who?_____Eat and sleep well?_____

Cry appropriately?_____Laugh?_____Smile?_____

Make wants known?_____How?_____

Does your child show unusual behavior (explain)?_____

Speech and Language

Language(s) spoken in the home:_____

*Age when your child spoke first word:_____combined words:_____*spoke in sentence:_____

*What was your child's first word(s)?_____*first sentence?_____

*Which sounds (if any) are incorrect?_____

*How many words can your child say? (list if fewer than fifteen)_____

_____

*How long are your child's sentences?_____

*Does your child have any difficulty understanding you? (describe)_____

_____

*Does your child have difficulty following directions? (describe)_____

_____

*Any speech or hearing problems in the immediate or extended family (explain)?_____

_____

Social Development

Names and ages of siblings:_____

_____

Other adults living in the home: _____

_____

Moves prior to age 10:_____

Has your child attended day care?_____Nursery School?_____

Number of regular playmates:_____Ages:_____Genders:_____

Activities shared with parents siblings:_____

*How does your child handle frustration:_____

conflict:_____separation:_____

Regular responsibilities:_____

Favorite places:_____people:_____toys:_____

snacks:_____activities:_____TV programs:_____

What motivates your child most?_____

What discipline methods work best?_____

School History

School Experience:_____

How does your child's teacher describe his/her performance?_____

Has the teacher expressed any concern? If so, what?_____

Other

*What do you hope to have happen as a result of this evaluation?_____

*Does the report need to be sent to specific agencies?_____Where?_____

*Anything else you would like us to know?_____

***PLEASE MAIL THIS COMPLETED FORM TO:**

OUR LADY OF THE LAKE UNIVERSITY

HARRY JERSIG CENTER

COMMUNICATION DISORDERS DEPT.

411 S W 24TH STREET

SAN ANTONIO TX 78207

OLLU
OUR LADY OF THE LAKE UNIVERSITY

FEE SCHEDULE

August 15, 2009 to August 15, 2010

Type of Evaluation	Fee
Complete Audiological (Hearing)	$68.00
Hearing Screening	$15.00/per person
Speech-Language (up to 2 hours)	$175.00
Dysphagia	$175.00
Nasometric airflow analysis	$175.00
Voice *(includes acoustic analysis and aerodynamic analysis if warranted)*	$175.00
Laryngeal Videostroboscopy	$325.00
Laryngeal Videostroboscopy re-evaluation	$200.00
Flexible Endoscopic Evaluation of Swallow (FEES)	$325.00
FEES follow-up re-evaluation	$200.00
Complete voice diagnostic includes voice evaluation with laryngeal videostroboscopy	$500.00
Therapy Services	**Fee**
Individual Speech-Language Therapy	$55.00/hr
Individual Aural Rehabilitation Therapy	$55.00/hr
Voice/Swallowing therapy	$60.00/hr

Our Lady of the Lake University is an equal opportunity, affirmative action, Title IX educational institution.

9/29/10

OUR LADY OF THE LAKE UNIVERSITY

CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hearby authorize Harry Jersig Center at Our Lady of the Lake University to release/request the following information from the health record(s) of:

Patient Name: _____ DOB: _____

Address: _____

City, State & Zip Code_____

Under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 {45 CFR & 164.508}.

1. I authorize Harry Jersig Center, Our Lady of the Lake, to request copies of the following types or records from:

   _____

   _____

   ☐ Complete health records

   ☐ Speech and Language evaluations

   ☐ Audiological and/or Otological records

   ☐ Observation of child in classroom
   ☐ Educational records, including achievement test scores, individual Academic/Psychometric Evaluations, Psychological Evaluation, ARD/IEP.

2. I authorize the Harry Jersig Center at Our Lady of the Lake University to release the following type(s) of records to: _____
   ☐ Speech and Language records

   ☐ Audiological records

I understand this consent can be revoked, in writing, at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. Specification of the date, event, or condition upon which this consent expires _____.

The facility, its employees and officers are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

_____ _____

Signature (Self/Parent/Guardian)

Please Print Name: _____

OUR LADY OF THE LAKE UNIVERSITY

PROCEDURES REGARDING CONSENT AND RELEASE

1. Release of Clinical Materials.

   Results of diagnostic and audiologic evaluations, therapy progress reports, are released only with your signed consent. (See consent form)

2. Observation of Evaluation and/or Treatment.

   University students majoring in speech-language pathology, special education, and/or elementary education are required to observe diagnostic evaluations, therapy, and early intervention group classes.

   In addition, observations may also be made by educational and medical professionals who are interested in the procedures utilized at the Harry Jersig Center.

   UNLESS OTHERWISE NOTIFIED, Harry Jersig Center personnel assume that you consent to observations of you/your child by students and professionals.

3. Audio and Video Recordings of Evaluations and/or Treatment.

   As part of supervision and training of speech-language pathology, special education, and elementary education majors, sound and video recordings may be made of you/your child. These recordings are used in individual and group conferences with student clinicians, as well as in University courses.

   UNLESS OTHERWISE NOTIFIED, Harry Jersig Center personnel assume that you consent to the use of sound recordings and/or video recordings for use in the OLLU CDIS program. These recordings will not be used for any other purpose without your signed consent.

4. Use of photographs and/or recordings for public relations.

   Photographs and/or recordings will not be made or used for brochures, newspaper articles, newsletters, or television programs, without your signed consent.

5. Use of clinical information for scientific purposes.

Information regarding you/your child will not be used for scientific purposes, i.e., journal articles, workshops, textbooks, etc. without your written consent. When such information is utilized, your privacy is protected by identifying you by number rather than by name.