

LOGO / Clinic Header, etc.

Dear Parent/Caregiver,

Your child needs a hearing evaluation and was referred by his/her primary care provider or your state hearing detection program. The hearing evaluation will happen at (location) _____ on (date, time) _____, _____.

So you can stay closer to home and save time and money on travel, the appointment will happen using telehealth technology. You can use a computer, tablet or smartphone to see and talk to me during the appointment.

Before the appointment, we can discuss any concerns you may have about using a computer, tablet or smartphone at your home or other location. Staff at (location) _____ will be able to help you.

It is very important to know if your child has a hearing loss. If your child has a hearing loss, early help must take place as soon as possible for language development.

During the appointment we will do a hearing evaluation using an Auditory Brainstem Response (ABR) assessment to check your child's ability to hear. With ABR, earphones deliver the test sounds, and sensors placed on your child's head and neck measure how your child's hearing nerve responds to those sounds. It is necessary that your child sleep through the assessment to get accurate results. The assessment may also include other tests (for instance Tympanometry and Otoacoustic Emissions) which simply require us to play sound into your child's ear using an insert. Both tests do not hurt, nor do they require your baby to respond.

In order to increase the likelihood of sleep, you are encouraged to do the following:

1. Keep your child up late the night before the assessment.
2. Wake your child up early the morning of the assessment.
3. Do not let your baby sleep within one hour of the appointment.
4. Do not feed your baby within one hour of the appointment time unless medically necessary. Please wait to feed your baby until instructed by staff.
5. Bring any blankets/pacifier, etc. that your child finds soothing.
6. Refrain from using lotions or creams on your baby's head or neck area the day before or the day of testing.

Hearing assessments are best performed when your baby is calm, well-fed, comfortable and asleep. Your help in having your child sleep during the hearing evaluation is appreciated, and it will greatly reduce the time it takes to complete the evaluation. Since we do need your help during the testing, if you have other children in your care, please try to make arrangements for them to stay at home or have an adult come with you to the appointment.

Please find some materials with this letter that may help explain next steps for your child.

If you have any questions, please contact my office at _____.

Pediatric Audiologist

LOGO / Clinic Header, etc.

Dear Parent/Caregiver,

Your child is scheduled for a hearing evaluation appointment at (location) _____ on
(date, time) _____, _____.

So you can stay closer to home and save time and money on travel, the appointment will happen using telehealth technology. You can use a computer, tablet, or smartphone to see and talk to me during the appointment.

We will evaluate your child's hearing in a sound treated room. During the evaluation, your child will be seated on your lap or in a chair on their own. Throughout the evaluation, you or a staff member will play with your child using toys and pictures. After the evaluation, we will discuss the results and I will address any questions or concerns you may have.

Before the appointment, we can discuss any concerns you may have about using a computer, tablet, or smartphone at your home or other location. Staff at (location) _____ will be able to help you.

If you have any questions, please contact my office at _____.

Pediatric Audiologist

LOGO / Clinic Header, etc.

Dear Parent/Caregiver,

Your child is scheduled for an appointment at (location) _____ on (date, time) _____, _____ to check on your child's hearing device/s.

So you can stay closer to home and save time and money on travel, the appointment will happen using telehealth technology. You can use a computer, tablet, or smartphone to see and talk to me during the appointment.

I will be able to make adjustments to your child's device/s through the software from my remote location. We can discuss any concerns you may have with the device/s and we can troubleshoot any issues you may be experiencing.

Before the appointment, we can discuss any concerns you may have about using a computer, tablet, or smartphone. Staff at (location) _____ will be able to help you.

If you have any questions, please contact my office at _____.

Pediatric Audiologist