

Rebecca D Welker, M.S.,CCC-SP
Speech-Language Pathologist
15020 N. 142nd Lane
Surprise, AZ 85379
Phone: (623) 556-1744
FAX: (623) 556-1863
email: speechbyRDW@msn.com

**AUDITORY INTEGRATION TRAINING
ADULT QUESTIONNAIRE**

NAME: _____

D.O.B.: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____

CELLPHONE: _____ FAX: _____

EMAIL: _____

PRIMARY CARE PHYSICIAN: _____

MEDICAL INSURANCE PLAN: _____

ID# _____ GROUP# _____

BILLING ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

CURRENT MEDICAL CONCERNS/DIAGNOSIS: _____

PAST MEDICAL CONCERNS: _____

CURRENT MEDICATIONS/TREATMENT: _____

PRESCRIBED FOR: _____

**PLEASE DESCRIBE ANY PROBLEMS IN THESE AREAS.
FEEL FREE TO CONTINUE ON A SEPARATE PAGE**

ANY HISTORY OF EAR INFECTIONS: _____

HEARING LOSS: _____

HEARING EVALUATIONS: _____

RINGING IN THE EARS: _____

FAMILY HISTORY OF HEARING LOSS: _____

HISTORY OF DIFFICULTY LEARNING IN SCHOOL: _____

DIFFICULTY FUNCTIONING IN WORK ENVIRONMENTS: _____

DIFFICULTY FUNCTIONING IN SOCIAL ENVIRONMENTS: _____

BOTHERED BY ANY SOUNDS OR NOISES: _____

DIFFICUTLY SLEEPING: _____

UNUSUALLY TIRED OR ANXIOUS: _____

DIFFICULTY FOCUSING ATTENTION: _____

DISORGANIZED/DIFFICULTY FINISHING TASKS: _____

NEED VISUAL CUES TO REMEMBER AND UNDERSTAND: _____

WHY DO YOU THINK AIT WOULD HELP YOU? _____