Thank you for your interest in the SUNY New Paltz Speech and Hearing Center. We provide a wide variety of services for people with communication disorders with the community and at New Paltz College. Below is a list of some of our services and fees. We believe that we provide a high level of quality care at our Center. Our fees may be significantly lower than private Speech and Hearing Centers and Hospital programs because we are a training institution. Each of our students benefits from every client that we evaluate. Certain services are available to college students, faculty, and staff at no charge. All of the services outlined are strictly supervised by NYS licensed, ASHA certified professionals.

REFERRALS

Referrals may be made by any interested person (parents, teachers, physicians, dentists, psychologists, counselors, self).

DIAGNOSTIC SPEECH AND LANGUAGE EVALUATIONS ($75)

A detailed examination of an individual's speech and language function including interview, case history, and summary consultation with the client or parent. Recommendations may include referral to other professional(s), and therapy. These evaluations are performed by appointment only.

THERAPY SERVICES ($240.-FALL AND SPRING; $120.- SUMMER)

Speech and language therapy is available for preschool and school age children, New Paltz College students and adults.

Audiological services may include diagnostic hearing evaluations, referrals, hearing aid evaluations, dispensing and repairs. These services are available to New Paltz students, faculty and staff preschool and school-age children, and individuals in the surrounding community.

Hearing Aid Evaluation: $35.

Hearing Aid Fitting Fees (dependent upon manufacturer's invoicing) Earmolds: $35.

* The total cost of the hearing aid purchased through our Center is determined by the manufacturer's cost plus a fitting fee. The fitting fee is determined by the size of the hearing aid required.

If you wish to contact our program to make an appointment for an evaluation or to schedule audiological evaluation, please contact us at (845) 257-3600. We will forward these forms to you, parking information and a parking permit.
ADULT AUDIOLOGICAL HISTORY

Patient's name: ________________________ (M) __ (F) __ DOB ________
Address: ________________________________
Telephone: ____________________________ email: _______________________
Primary Physician ______________________ Your occupation ________________
Address/phone _________________________

Date: _______________

Reason for Evaluation:

Please answer all questions as accurately as possible to assist with the best possible care.

1. Do you have trouble hearing or understanding speech? (If no, then skip to question # 2)

Which ear? ___________ How long? ___________ Do you experience difficulty in any
Sudden or gradual? ___________ of the following situations?
Fluctuates? _______________

What do you believe this problem is related to?

In which situation do you have the greatest difficulty?

2. Do you experience any of the following:

- Noise in the ear (tinnitus) ___________ Which ear? ___________ When did it begin?
  Sounds like? _______________
  Ear pain (yes / no) Ear pressure (yes / no) Excessive ear wax (yes / no)

Describe:

Dizziness (yes / no) If yes, when did it begin?

3. Do you have a history of noise exposure? (yes / no)
If yes, describe type and length of exposure:

PLEASE COMPLETE BOTH SIDES OF FORM

State University of New York
NEW PALTZ
New Paltz, NY 12561

Phone: (845) 257-3600
Fax: (845) 257-3605
Email: vayos@newpaltz.edu
4. Do you have a family history of hearing loss? (yes / no)

5. Do you have a history of ear infections / ear drainage / ear drum perforation?

6. Have you ever been evaluated by an otolaryngologist (ear-nose-throat doctor)?
What were the findings?

7. Have you ever had ear surgery? When/ where/ why?

8. Please list any serious medical conditions and medications you are taking.

9. Have you had any previous evaluations performed by an audiologist? If yes, include facility name, approximate dates and results.

- Have you ever worn or tried a hearing aid or assistive device? When/ type/ which ear?
- Were you satisfied?

Where would you like today's results sent?

Authorizing signature

State University of New York
NEW PALTZ
New Paltz, NY 12561

Phone: (845) 257-3600
Fax: (845) 257-3605
Email: vayos@newpaltz.edu
DIRECTIONS TO SUNY NEW PALTZ—
HUMANITIES BUILDING

From the North or South, take the NYS Thruway (I-87) to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From the Northeast/West, take the NYS Thruway (I-90) to Albany and then south (I-87) to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From the Southwest, take Route 17 east to the NYS Thruway (I-87) and north on the Thruway to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From Connecticut, take I-84 west to Exit 78 and follow the signs for the NYS Thruway (I-87). Take the Thruway north to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From New Jersey, take the Garden State Parkway north or Route 17 north to the NYS Thruway (I-87) to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From the Mid-Hudson Bridge, after you pass the toll booth (no toll is collected in this direction), take the first exit which is Route 9W North. Proceed 2 3/4 miles to a traffic light at the intersection of Route 299. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).